MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3745 CERTIFICA

CERTIFICATE OF DEATH

8 (3617) Reg. Dist. No.

- 6			
	a. COUNTY PREACE GLOGGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before ode o. STATE Maryland b. COUNTY Pupce Relations	mission)
	b. CITY OR TOWN (If autside carporate Jimits, write RURAU and, give negres) town) FOLLOWILL 4 445	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest to Sellsville	(Syln)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HS 14 Cruduryvill Road	1 / EVA Rounding 11 Prod	RESIDENCE N A FARM?
	3. NAME OF DECEASED (Type or print) A BERNATHY JOHN A	FILEN GEATH WAREN 18,	Year 19 60
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED	B. DATE OF BIRTH Oct. 7, 1875 9. AGE (In yeors IF UNDER 1 YEAR IF UN Months Days Hou	
	10a. USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired) Thatel approved august Thatel	STRY 11. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHY Maryla-WA	AT COUNTRY?
	James abernaty	Largh Con Beauco	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 76. SOCIAL SECURITY NO. 17. B (If yes, give wor or dates of service)	is Engry Bernice alurnaty (same as	H2)
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		BETWEEN ND DEATH
	Conditions, if any, which gove rise to immediate (b) Conscerns	a of the prostate mile	definal
	couse (a), stating the under-		(
	CATI	YES	AS AUTOPSY RFORMED?
- 1	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part It of item 18.)	
		ACE OF INJURY IHome, farm, 20f. (City or town) (County) clory, street, affice bldg., etc.)	(Stote)
	21. I certify that I attended the deceased from 23 and that death	, 19/0, to 9-17, 19/0, that I last saw the occurred at 1/1 AM, from the causes and on the date sto	
	ACTUAL SIGNATURE A PROGRAMME SIGNATURE	M.D. 446 H. Freensbury	DATE SIGNED
	PHYSICIAN'S D. A. PURDIE	Reverdale Md) /
4	220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Thank 21. 1960 30 Burials	Mausyleum Colman Many, In Gy. a	itate)
1	3. FUNDANT WALTER, 254 Capall When 2	DATE MAR 2 2 '60 24b. REGISTRAR'S SIGNATURE	

	CHANNEL STATE OF THE STATE OF T	Total State of		
	THE RESERVE OF THE PARTY OF THE	T.		
		A CONTRACTOR		
Second				
COSTRUCTION .				
			of some same and a set of	
		And the second s	A work was a book of the state	

71SM 9/SB

Prince George c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO Month Yeor 19 00 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months 88 yrs. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN from birth Erythroblastosis Fetalis (Rh incompatibility) From birth PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO [(County) (Stote) 60 , and that death accurred at 9P ... M, fram the causes and an the date stated abave. DATE SIGNED ADDRESS (Street, city, or town, state) E Parkway, Greenbelt, 22d. LOCATION (City, town, or county) (State) Cheverly 24b. REGISTRAR'S SIGNATURE DATE MAR 9 arthur & Kraus Administrator

Reg. Dist. No

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2000

mer. 23. Usu

boun nettern i de

ourous andre as Deret

Ave., The broad are infrared by

the principal property in the last of the principal and the second prin

VS. A15ME(S) 5M 9/55

X 1		X
please exe	cremation,	M

07

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03619

PLACE OF DEATH o. COUNTY	Prince 0	eorge	S MARYLAND	2. USUAL RESIDENCE o. STATE		of 56140		nce before	e admission)
	f outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside cor	porote limits, write	RURAL and	give near	rest fown)
and give nearest tow	Cheverly		3 hours	Washi	ngton			47x	1.3
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS				1	. IS RESIDENCE
Prince	Georges Ge	eneral	Hospital	5019 J	ust Str	reet N.E		,	YES NO A
3. NAME OF DECEASED (Type or print)	Robert	si	Middle Carroll	Barr	4. DATE OF DEATH	March		Doy 20	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRII	D NEVER MARRIED	DATE OF BIRTH		9. AGE (In years	IF UNDER	TYEAR IF	UNDER 24 HRS.
Male	col.	WIDOWE	DIVORCED	11-16-35		lost birthday) 24 yrs.	Months	Days H	lours Min.
Policem	ng life, even if retired)		MetropolitaN	Flor	ida	country)		U.S.	WHAT COUNTRY
13. FATHER'S NAME	hamb Tas	Dom		14. MOTHER'S MAIDEN	Bacon				
	bert Lee	Bar			Dacon				
(Yes, no, or unknown) Yes	1954-58	service)	262-46-4658	Ann Duncan	Barr;	Address same addr		s # 2	2.
Conditions, if a gove rise to imme (o), stoling the couse lost.	diote couse		eral rupture oured pelvis,						
PART II. OT	HER SIGNIFICANT CON	DITIONS CO	DATRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? NO
	USE WAS NTRIBUTING []	Omer	e how injury occurred. (E	omobile in	collis	ion with	anoth	er at	uto.
20c. TIME OF INJU Hour 2023 11.70 p. m.	3-70- 19(r. Ge	(Stote) 80. Md.
	hat T taak charge I fram: Natural	_	remains described abo Accident XX, Sui					-	and find tha
ACTUAL SIGNATURE	Am	SV	aloney	M.D. CHIEF MEDICAL				Đ	DATE SIGNED
EXAMINER'S NAME (Type)	John T. Ma	Loney	M.D.	DEPUTY MEDICA		Mar	ch 20,	196	0
220. BURIAL, GREMATIC REMOVAL (Specify	3-25-	-60	22c. NAME OF CEMETERY OR	nat Cometer	/	TION (City, town,	or county)	V	(Slote)
23. FUNERAL DIRECTOR	'S SIGNATURE	1	ADDRESS/16 2	~	MAR 2 2	100	STRAR'S SIG		,
MOKK	W + W	1001	11Rd. 1/2	SX-nW DATE	111111 4 L	(I then 2	J. Tissu	A

MARTIANO SEATE DEPAREMENT OF FEATHER MINERORS OF PEATH

of the second						
	Service Control	twic Title		To the none		
	n.GC mi	niso.	The survey of E			
		SECTION AND ADDRESS.				
			Indiana	Larriell are	million	
	1911		Morra			
			Y = I			
		1111 -11			0.0	45.00
			· · · · · · · · · · · · · · · · · · ·			1751
				1720		
*3 33	anarona manan hazari	naonio ari			1 7 7 4	85
				ata 125		
	راد مورد به در ارائی واد ۱. در واد به در سام	3	lo etropic le	intelle		
		3 - F		into 125 et la maurat esse		
		3 - F				ANNE
		3 - F		oth Tes medu a fil manus entare a filmata		A STATE OF THE STA
						A STATE OF THE STA
						A STATE OF THE STA
						AND SERVICE OF THE PARTY OF THE

0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Colling & Frank

	36	570	CERTIFICA	ATE OF DEATH		Reg. Dist. No. (! 0) 4
o. COUNTY Prince	Georges Cou	nty	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE C (Was	ere deceased lived. If institution h., 22) b. COUNTY	Residence befare admission)
RURAL and give	(If outside corporate limit nearest town) Ly, Md.		days		utside corporote limits, write RU	RAL and give nearest town)
d. NAME OF HOS OR INSTITUTION	PITAL (If nat in haspital, g	ive street address)		d. STREET ADDRESS	#llentown H	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fire		Middle E	lost Barrett	4. DATE Month OF DEATH Marc	Day Year
5. SEX Male	6. COLOR OR RACE White		_	B. DATE OF BIRTH 3/1/83	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
00. USUAL OCCUPA during mast of w	orking life, even if retired)	dane 10b. KIND OF E	USINESS OR INDUS	TRY 11. BIRTHPLACE (State W.Va.	or foreign country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME	n Barrett			14. MOTHER'S MAIDEN N Maggie Ha		
	VER IN U. S. ARMED FOR			NFORMANT y W.Barrett.7	003 Allentown	Rd., Wash. 22, D.C.
Canditions, if gove rise to couse (a), statin lying cause las	immediate DUE TO	A.S	H.D. Remu ING TO DEATH BUT	CHI	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPS
PART 11. CO	IG CAUSE OF DEATH !	20b. DESCRIBE HOW	/ INJURY OCCURREE	D. (Enter noture of injury in I	Part I or Part II of item 18.	PERFORMED?
OR CONTRIBUTION						
OR CONTRIBUTING (IF EITHER, NOTIL) 20c. TIME OF INJ Haur a. m p. m	URY Month, Day, Yea	While Not work of work	vhile foo	ACE OF INJURY (Home, form tory, street, office bldg., etc		(County) (Sto

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave, carban papers. Pages 1 and 2 should be filed with the registror prior to burial, crematian, ar remaval, and in any event within 72 haurs ofter leath. thin 24 hours after death. Page 4 AOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed w

VS A15 (4) 15M 9/5B

, , , and the strong and th to the second interpretation of the superior of the second Commence of the state of the st

-		
	1. PLACE OF DEATH a. COUNTY Pence Charge MARYLAND	a. STATE Manulan b. COUNTY b. COUNTY
	b. CITY OR TOWN (If autside corporale limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (It Jutside carporote limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION The street address of the street	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO
	3. NAME OF DECEASED (Type or print) Martha Middle B	Last 4. DATE Manth Day Year OF DEATH MALE 2 2 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. 1 WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR. last birthdoy) Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark dane during grast of working life, even if retired)	11. BORTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY CSA
		14. MOTHER'S MAIDEN NAME Secfeill
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO (Yes, no, or winnown) (If yes, give wor or dates of service)	DRMANT Address 3, 4th St.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	interval Between onset and Death
	Conditions if any which	olyiti 11 /1
	gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO (c) (c)	- myocordite 13 in
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, W/S AUTOPSY PERFORMED? YES NO [
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature af injury in Port I ar Port II af item 18.)
		E OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (Stater, affice bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram	
	220. SIGNATURE M.E. M.E. M.E. M.E. M.E. M.E. M.E. M.	D. PHYS. DIRECTOR DIRECTOR PHYS.
	BAME (Type) W. ARREN	22d. ADDRESS Jaurel Mil
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR, CEMOVAL (Specify)	CREMATORY 23d. LOCATION (City, town, or caunty). (State)
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE MAR 2 8 '60 Colling & Kraus
	the state of the state of	Millin - o or Contract & Johnson

VR A15 (4) 15M 9/59

VS A1S (4) 1SM 9/S8

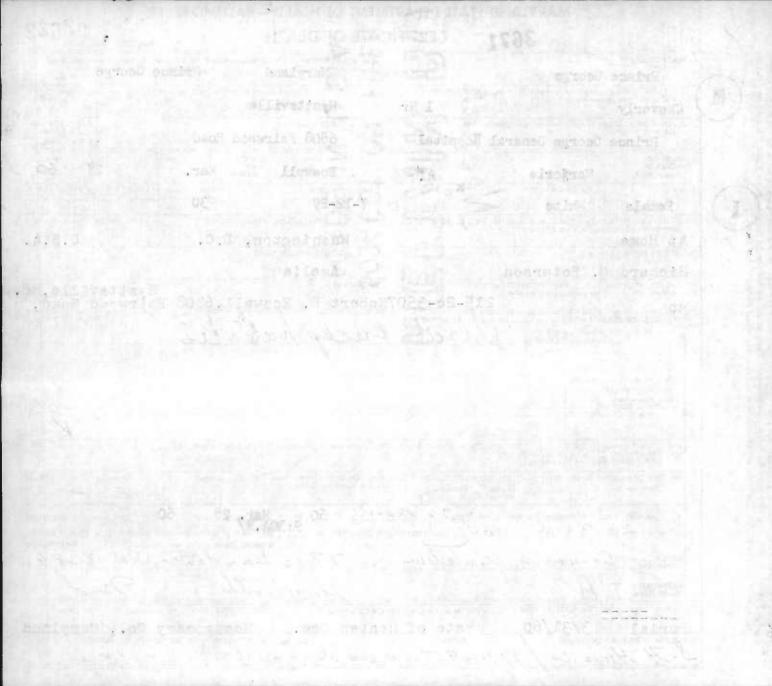
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3671

CERTIFICATE OF DEATH

Reg. Dist. No.

										2 /
1. PLACE OF DEATH o. COUNTY Prince	George		MARYL	AND 2.	usual residence (W)	here deceased d	b Portuge			SSICIPI
b. CITY OR TOWN (I RURAL ond give ne Cheverly	f autside carporate lim earest tawn)	its, write	c. LENGTH OF STAY II		c. CITY OR TOWN (IF a		rote limits, write F	URAL ond g	ive nearest lo	wn)
OR INSTITUTION	AL (If not in hospital, George Get		the latest the same and the sam	1	d. STREET ADDRESS 6808 Fai	rwood	Road		, ON	A FARM?
3. NAME OF DECEASED (Type or print)	Marforie	'st	Middle A		Boswell	4. DATE OF DEATH	Mar. Mar	ith.	28	Year
S. SEX Female	6. COLOR OR RACE White	7. MARR	ED NEVER MARRIED		-12-29		9. AGE (In years lay thdoy) yrs.	7	Days Haur	
10a. USUAL OCCUPATION during most of work At Home 13. FATHER'S NAME	DN (Give kind af wark king life, even if retired	done 10b.	KIND OF BUSINESS OR	3.55	Washingt	on, 1		12. CITIZ	ZEN OF WHAT	COUNTRY?
Richard	G. Peters	on			Amelia					
1S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOI (If yes, give war or doles of	ervice)			ert E. Bo	swell	Add L,6808	"Hyat Fairw	tsvil	le,Md
Conditions, if or gove rise to in cause (o), stating lying cause lost.	mmediate but to	o) o	ONTRIBUTING TO DEA	TH BUT NO	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PART	PERF	OPMED?
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (E	nter noture of injury in	Part I ar Par	t II af item 18.)		YES [NO 🗌
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	IJURY OCCURRED Not while of work	20e. PLACE foctory	OF INJURY (Hame, farm street, office bldg., etc	n, 20f. (City	or town)	(C	County)	(Stote)
actual SIGNATURE PHYSICIAN'S	22		Jule line		0.2/	M, from	the causes ar treet, city ar tawn, dover	od an the	date state	
220. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEME			1000	TION (City, town,			ote) vland
23. FUNERAL DIRECTOR		/	ADDRESS		24a. REC'	D BY REGIST	TRAR 24b. REG	STRAR'S SIG	SNATURE	



	M	ARYLAND SI	ALE DEPARIM	ENI OF HEALTH-BALTIM	ORE, 18
		3747	7 CERTIFICATE OF DEATH		() 362 Reg. Dist. No.
ACE OF DEATH	Prince	George	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE	b. COUNTY Pro GRO.

1. PLACE OF DEATH o. COUNTY	Prince George	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased live	d. If institution b. COUNTY	Pr. Ge	
RURAL ond give n	(If outside corporate limits, writeorest town) oury Hghts.	c. LENGTH OF STAY IN 16	12	(If outside corporate radbury Hg		RAL ond give neo	rest town)
	TAL (If not in hospitol, give st		d. STREET ADDRESS	Clark Pl	., SE		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First AGNES	Middle H•	Last BOWIE	4. DATE OF DEATH	Month Mar		y Year 1960
s. sex Female	9.91 0 4	MARRIED NEVER MARRIED OWED KK DIVORCED	8. DATE OF BIRTH Feb. 29th	1999	4 1 1 1 1 1	F UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
during most of wor	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDU Domestic		ngton, DC	λ)		WHAT COUNTRY?
13. FATHER'S NAME	harles Chronig	ger	14. MOTHER'S MAIDE	Jane Johns	stone		
IS. WAS DECEASED EVE (Yes. no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		uth Evans 5	30201arl	Addres		
Conditions, if a gove rise to i couse (o), stoting lying couse lost. PART II. OTI	the under (c) HER SIGNIFICANT CONDITION	arteriose Orath BU		11380		N IN PART 1(o)	9. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUI Hour o. m. p. m.	G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year 2 W 19	hile Not while for work of work	LACE OF INJURY (Home, octory, street, office bldg.,	form, 20f. (City or to	own)	(County)	(Stote)
actual SIGNATURE	Frank S. Pello	Telleguin	h accurred at 2.00, M.D. 3409-Al		causes and city or town, st	an the date	3-23-60
220. BURIAL, CREMATIC REMOVAL (Specify)	3-26-60	22c. NAME OF CEMETERY	OD CREMATORY	22d. LOCATION	(City, town, or	county)	(Stote)
23. FUNERAL DIRECTOR	16	61-GOOD Hope Rd	(. 36	REC'D BY REGISTRAR	24b. REGIST	RAR'S SIGNATUR	RE

TO FUNERAL DIRECTOR: After this certificate has been signed by the observed provided within 24 haurs after death. Page 4 by be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be fillerwith the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/S8

STAIR (O STADRITHED TATE NEW WORLD Total diffe and PL specialist or the climated the track -THE RESIDENCE OF LEXICAL PROPERTY OF THE RESIDENCE OF THE PARTY OF THE section for an experience of Period Agents American School and Street American School and Street American School the data wiles is three the man - Fermi Against the Save High

VS A1S (4) 15M 9/5B

0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03624

	3672	CERTIFICA	ATE OF DEATH	Reg	. Dist. No.
1. PLACE OF DEATH O. COUNTY Prince Georges		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If institution: Res b. COUNTY Prince	
b. CITY OR TOWN (If outside con RURAL and give nearest town) Chever Ly		LIL days	c. CITY OR TOWN (IF o	utside corporote limits, write RURAL o	and give nearest town)
d. NAME OF HOSPITAL (If not in or institution Prince Georges		ess)	d. STREET ADDRESS Rt.3 Box	257	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Maggie	Middle	Bowling	4. DATE Month OF DEATH March 1	Day Year 0 160
	R OR RACE 7. MARRIE	_	B. DATE OF BIRTH		IDER 1 YEAR IF UNDER 24 HRS ths Days Hours Min.
100. USUAL OCCUPATION (Give ki during mast of working life, ev	nd of work done en if retired)	OF BUSINESS OR INDU	STRY 1. BIRTHPLACE (Stote	or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	alleyd		14. MOTHER'S MAIDEN N	AME -	
	ARMED FORCES? 16. SOCI	AL SECURITY NO.	ancy wats	on Westwood	mel
18. CAUSE OF DEATH [Enter PART I. DEATH WAS C IMMEDIA'	AUSED BY: Pulmo	mary edema	secondary to	multiple emboli.	INTERVAL BETWEEN
Conditions, if any, which	Cereb	ral thrombo			1 month.
gove rise to immediate couse (o), stating the <u>under-</u> lying couse lost.	} DUE TO Hyper	tensive art	eriosclerotic renal dis	cardiovascul er- ease	years.
PART II. OTHER SIGNIF	ICANT CONDITIONS <u>CONT</u>	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition given in	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OF DEATH EXAMINER)	HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II of item 18.}	
20c. TIME OF INJURY Month, Haur o. m. p. m.	Day, Year 20d. INJUR' While at wark	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	.)	(County) (State)
21. I certify that I ofte alive on Marc	ended the deceased f	romJan, ond that death	occurred at 9:05A	arch 10, 190, that M, from the couses and on ADDRESS (Street, city of town, state)	I last saw the deceased the dote stated above
SIGNATURE PHYSICIAN'S NAME (Type)		cyming	MOSTI FEEL	co corrector	Ca4'9 3/11/6
REMOVAL (Specify) 3.	-14-60	NAME OF CEMETERY OF	nas	22d. LOCATION (City, town, or cour	I. md
23. FUNERAL DIRECTOR'S SIGNATURE OF THE PROPERTY OF THE PROPER	L. Kels	ADDRESS Carre	24a. REC'	D BY REGISTRAR 246. REGISTRAR'	2 11

· Substitution

Product to product the product to the product of the product to th

- principality of the fall of the fall of the fall of

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3748 cremation Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND buriol, b. CITY OR TOWN IN Buside corporate limits, write MENGTH OF STAY IN 16 C. CITY OR TOWN UP autide corporate limits, write RURAL and give neares town) 0 director. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street-address) STREET ADDRESS e. IS RESIDENCE d. prior ON A FARM? files. YES NO 3. NAME OF Niddle 4. DATE Last Month Day Year DECEASED (Type or print) DEATH 1960 9. AGE (In years 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Haurs Min. retain. 2 with WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State on fareign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) pup pe puo may 13. EATHER'S NAME MOTHER'S MAIDEN NAME 5 17. INFORMANT 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Give PM3. 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: form IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which pencil gave rise to immediate couse guolo burio **DUE TO** (a), stating the underlying cause last. 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 00 PERFORMED? used YES F NO T 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | Medical Examination Page 3 should b 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State) factory, street, affice bldg., etc.) Haur While Not while a. m. at wark at work p. m. writing 21. I certify that I taak charge of the remains described above, held an Autopsy W. Inspection 4 Inquiry 19, and find that to the Chief / death resulted fram: Natural causes Accident Suicide Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER FUNERAL P ASSISTANT MEDICAL EXAMINER EXAMINÉR'S NAME (Type) DEPUTY MEDICAL EXAMINER e 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Reading Remova UNERAL DIRECTOR'S SIGNATURE AU- No Chamber Co 5801 Cleveland on Au- no Chamber Co 5801 Cleveland on 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Cothur S. Kroud '60 DATE APR 4 5M 9/55 SVVVVVVXVV

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death. certificate, writing and to the Chief I DEPUTY

HIMBU TO STRUCTURES	ASMIMA AU LADICEM SACE
	Control of the second s
	CONTRACTOR OF THE PROPERTY OF
The second second second	
	ar an earl the art of the prints (ev) I may be use I the
Dillion Emperation was 3	
	AND THE PERSON NAMED IN COLUMN 2 IN COLUMN
	n on the contract of the contr

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

nagaga

IS RESIDENCE

YES NO T

ON A FARM?

Year

19

INTERVAL BETWEEN

PERFORMED? YES NO

(Stote)

DATE SIGNED

Doys

(County)

60

15M 9/5B

				748		
		0.0			11000	estlex
		mesuington				1110
	H. BE B N.	glohnad. XX		omon a	ni anuli	bns.11.hgB
	- March 25		BURUE		ABBA	
		7.1476	•		ad and	alignal.
	.0 0 a	Washingto		Lavil		
	and the state of	Many end		ап	198 .49	run foil
T.A.B.F	6500 Meminek.P	ennud.o ra				
3-1	to Hower Warra	J. Color				
	A ME LEYNOR					
			CALLERY SE			
					1.50	
			27. 16. 16.			
		we the	0000			
	o J .notaminso				.3	
			all Land	10 309.4	oil far	Mel. ask

VS A15 (4) 15M 9/58

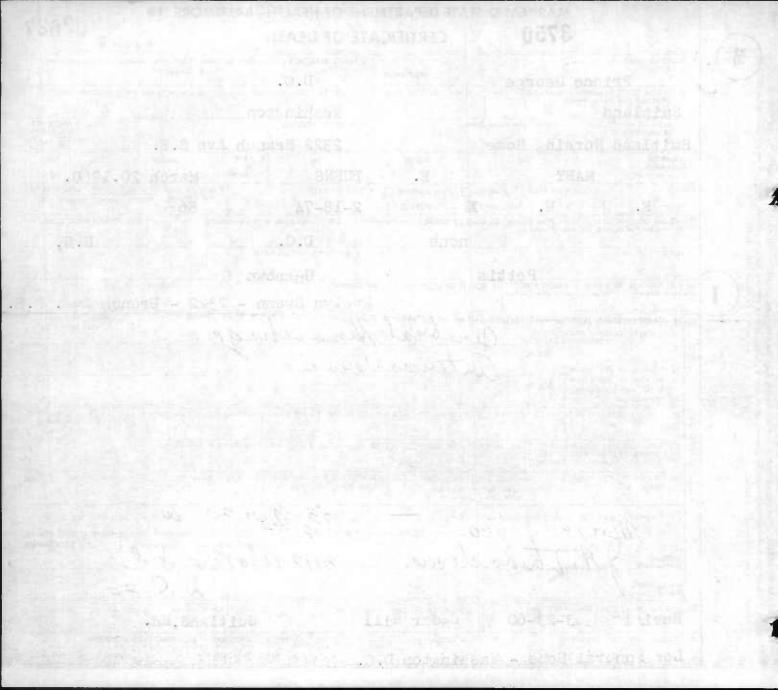
			1	
î		-	E	- 10
2		5	B	
5		9	9	
-		ō.	0,	-
:		-	4	
5		9	þ	
5		č	0	
-		4-	2	
		he	÷,	
,		~	2	
5		0	0	
2		2.	5	
		D	_	
4		=	50	
		4	ğ	
١		-	9	
-	4	3		
2		d	SIS	
5		E	ğ	÷
ק		Q	d	ō
K		P	c	q
b		ō	å	(0)
2		5	ō	#
5		Ğ.	0	0
Š		15	>	5
Ξ		4	Ĕ	2
Ü		-	ē	C
_		ď	0)	100
5		P	So	- =
Ü		e	-6	=
ט		to	-	5
		0	e	2
-		=	F	>
Ĕ		é		7
2		0	Ē	E C
-		a e	ē	2
5		.0	0	-
U	9	6	· E	č
\$	ō	e	6	0
2	YS	ã	+	D
υ	ph	00	0	ò
-	0	ř	U.S.	E
	2	te	۵	7
ANTE THE TOWN TENDED IN THE GEORGE CELLIFICATE DE EXECUTED TO THE GEORGE TO THE TOWN	tending physician.	ificate has been signed by the attending physicion and completely filled in by the funeral directar,	the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	, or removal, and in any event within 72 hours ofter death.
-	e	王	+	-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3750 CERTIFICATE OF DEATH

03627

Reg. Dist. No.

1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE						
Prince Georg	b. COUNTY D. C. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)							
Suitland		Washing	ton		4	7X-3	3
d. NAME OF HOSPITAL (If nat in haspital, giv. OR INSTITUTION	ve street address)	d. STREET ADDRESS	0011			e. IS RESIDE	ENCE
Suitland Nursing H	Iome	2322 Bra	anch Ave	S.E.		YES N	
3. NAME OF First		Last	4. DATE	Month	Da	v Yea	ar
(Type or print) MARY	E	BURNS	OF DEATH	March			
5. SEX 6. COLOR OR RACE 7	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IF U	NDER 1 YEAR		
	WIDOWED DIVORCED	2-18-74		oirthday) Mar	iths Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work do	ane 10b. KIND OF BUSINESS OR INDU				2. CITIZEN OF	WHATCOU	UNTRY?
during most of working life, even if retired)	none	D.C				TT C	
13. FATHER'S NAME	none	14. MOTHER'S MAIDEN N	VAME			U.D.	
D.	1.4.9	TY 1					
15. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.	INFORMANT Unknow	own	Address			
(If yes, give war or dates of serv		Evelyn Swar	222		anah	ATTO	0 7
		Everyn bwar	nn - 232	Z - DI	anch		
1B. CAUSE OF DEATH [Enter only one cous PART I. DEATH WAS CAUSED BY:	se per line for (o), (b), and (c).	21.			ONS	ERVAL BETW SET AND DE	EATH
IMMEDIATE CAUSE (a)	Courte	Jumour	rugg.				
33/X DUE TO	1	. (1				
Conditions, if ony, which) (b)_	williast	leuris					
gove rise to immediate cause (a), stating the under-							
lying couse lost. (c)_							
PART II. OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN	V PART 1(o) 1	9. WAS AUT	TOPSY AED?
CAT					3 11	YES N	
PART II. OTHER SIGNIFICANT CONDI	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I ar Part II of ite	em 18.)	-		
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form		1)	(County)		(Stote)
Hour o. m. 19	While Not while to wark of work	octory, street, office bldg., etc	-)				
		2. M	1-11 202	/ M.			
21. I certify that I attended the c			104 20				
alive an III WY. 19	, 19.60 _, and that deat						
ACTUAL DE TO	11.01.	n 142 /	ADDRESS (Street, cit)	or tawn stote	60	DAIES	SIGNED
SIGNATURE / /	bacce.	M.D. 191114	My Clus	-0	4		
PHYSICIAN'S NAME (Type)				D.C.	20		
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (Ci	ity, town, or cou	unty)	(State)	
野地学生会主 cify) 3-23-6	O Cedar Hi	11	Suitla	nd, Md.			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'		24b. REGISTRAF	O'C CICNIATIU	DE	
				Z4D, KEGISIKAN	C2 SIGNATU	KE	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

			and the second	
			SOUTH THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERS	
		62.5		
			STORES OF STORES	
	A TOUR		the state of the state of	1 - 1 - 1 - 1 - 1 - 1
	5	m-meni		
	THE RESERVE	, i		I Personal
PARTY FOR STATE OF THE PARTY OF				alter is worth with a 12-1
		Art B		
		Art B		
			or sale of the sal	Jamobayan (a
			of the state of th	
			of the state of th	Jamobayan (a

BOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 15M 9/5B

H

CERTIFICATE OF DEATH

03629

PLACE OF DEATH		I a HEHAL BESIDENCE OF	/h d 1 !! !				
a. COUNTY		2. USUAL RESIDENCE (W			n: Residence bef	are admi	ssian)
Prince George	MARYLAND	Mary		b. COUNTY	Prince	Geo	rges
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest tawn)		c. CITY OR TOWN (IF		mits, write RU			
Cheverly	h hrs.	do Landov	er				
d. NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION	street oddress)	d. STREET ADDRESS				ON	SIDENCE A FARM?
Prince Georg	ges General	512 Hill	Rd.			I ES [NO
NAME OF First DECEASED (Type or print)	Middle	Last	4. DATE OF DEATH	Manth		ay	Year
Carrie		Chaney		Mar	. 19,19		19
SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AC		Manths Doys	Haurs	1
Female W. WIL	DOWED DIVORCED	8-6-70		89 yrs.		110013	min.
 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	10b. KIND OF BUSINESS OR INDI		e ar foreign country		12. CITIZEN C		
at home	none	Maryland			1	U.S.	
FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1 75 4			
ichard Curtin		unknow	m				
. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT		Addre	55		
es, no, or unknown) (If yes, give wor or dates of service)		alph C Chan	ney-6908	Awon	S+ - :	Seat	- P1
1B. CAUSE OF DEATH Enter only one couse		dipir o onos.	0,00	311011			ETWEEN
	per line far (a), (b), and (c).	/					D DEATH
PART I. DEATH WAS CAUSED BY:	erebral /t	muna	11			9/	Hore
3.3/X DUE TO	e. 1 1	2 1	1				
Conditions, if any, which)	anhand 1	A a d I a d a a d a	100	1 -	- /	10 6	us.
gove rise to immediate		i cocconstate	rev z		-		
couse (a), stoting the under- lying cause last.	Beneralye	of arten	nell	in		164	yeu
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIVE	N IN PART 1(a)	19. WAS PERF YES	ORMED?
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I ar Port II of	item 1B.)			
20c. TIME OF INJURY Month, Doy, Year 2	20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Hame, far	m, 20f. (City or to	wn)	(Caunty	')	(Stat
	11110	octary, street, affice bldg., et	tc.)				
p. m. (7	t wark ot wark	4	111				
21. I certify that I ottended the de-	ceosed from file	1 195 6, 19, 6	ful 1	919641	hot I last so	w the	deceose
olive on Chil 19	19 60 , and that deat	h occurred at 6 4/	M, from the				
4	and mor door		ADDRESS (Street, o				TE SIGN
ACTUAL SIGNATURE William	· Branni	MD. 6124	Centre	1 An		3/1	9/6
PHYSICIAN'S WM BR	AININ	Capu	tol /tg	tan	4		
BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, tawn, ar	county)	(Sto	ate)
Burial 3-23-60	Epiphany C	hurch	36		ille M	_	
FUNERAL DIRECTOR'S, SIGNATURE	ADDRESS	12	D BY REGISTRAR		RAR'S SIGNATI	-	
J W. LEL	300 4/-0	718 240. KCC	D BI KEGIJIKAK	Z-D. KLOISI	INCH 3 3IVINNI	Our	

terrior contri The Annual Cart of the Annual and th 0 2 4 and in the state of the state o na. 19 mare - 18 neva acca-censed ordel of and the second s ·bassidly amon 1 7 Part of the Pa

VS A15 (4) 15M 9/5B

03630

Reg. Dist. No.

	PLACE OF DEATH	o Coordo		MARY	LAND	o. STATE	Pland		lived. If instituti	on: Residence befo	re admiss	ian)
		autside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b					URAL and give ne	arest town)
	Cheverly	orest town)		12 Days		19 Silve	er Hil	1				
		AL (If not in hospital, g	ive street			d. STREET A	DDRESS		4.5			FARM?
	Prince	George Gen	eral	Hospital		5150	luth S	St S.E.			YES	NO 🗌
	NAME OF DECEASED (Type or print)	Fir	st	Middle		Chase		4. DATE OF DEATH	Mar Mor	nth Do	,	Year 1960
_	SEX	Henson 6. COLOR OR RACE	7	J.		DATE OF BIRTH			AGE (In years	IF UNDER 1 YEAR		
	ale	Colored	WIDOW	RIED NEVER MARRIE ED DIVORCED		Aug. 27	md t Vende	31883	last birthdoy) 76 yrs.	Months Days	Hours	Min.
_	. USUAL OCCUPATIO	N (Give kind of work of	one 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPL	ACE (State	or foreign cou	intry)	12. CITIZEN O	WHATC	OUNTRY?
		ing life, even if retired;		Labore	r	Ma 14. MOTHER'S	ryla	nd		U.S.	A	
10.		Ohogo					ie B					
15		Chase	CES2 14	SOCIAL SECURITY NO.	IN	FORMANT	Te D.	LOWII	Add	ress	00-	
	s, no, or unknown) (If yes, give war or dates of s		528 5007		ez C.	WATT	ieme			Cam	44
TA			~_	1990 9097		162 0.	44 T T T	Tams	DIJU AL			ings
		TH LEnter anly one ca	use per III	ne far (a), (b), and (c).]				i A	-77-10.	ON	ERVAL BE	DEATH
	TAKI I. DEA	IMMEDIATE CAUSE (a)	Corol	250 1	rosculo	wa	audi	Port (nes	northege)	1100	249
	33/X	DUE TO										
	Conditions, if an	y, which) (b										
	gove rise to in	n mediote (
	cause (a), stating t lying couse last.	he under-										
z		FR SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAI DISEASE	CONDITION GIV	VEN IN PART I(a)	9 WAS	AUTOPSY
ATIC						101 1120 1120 110				2,7,1,7,1,1,1,1,0,	PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED	. (Enter nature a	f injury in P	'art I ar Part	II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	/ Manth, Day, Yea	While at wor	Nat while		CE OF INJURY (Fory, street, office			or tawn)	(County)		(State)
	21. I certify the	at I attended the	deceos	ed from Feb	. 21	. 19 60	O to 1	Mar. 3	19 6	Phat I lost say	v the d	eceosed
	alive on Mar			60, and that								
	dire on			OD, dira mai	acom	occorred or			eet, city ar town,			E SIGNED
	ACTUAL SIGNATURE	eanne C	Ba	leman	۸	л. 940		St. A				
	PHYSICIAN'S NAME (Type)	earne C. Ba	teme	n, Bûte	ma	n H	10	Was	hing ton	, 27 D.C.		
220	BURIAL CREMATION	N, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCATI	ON (City, town,	ar county)	(State	e)
	REMOVAL (Specify)	1 3-6-60		Union Be	ethe	1		T.B.		1	Id.	
23	FUNERAL DIECTOR'S			ADDRESS		A 44	24a. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S SIGNATU	RE	
1	will 1	Pollin	~ Y	339 Hune	+P	RIME.	DATMAR	7 '60	an	Lug & H.		

the best of and the last the l or restrict the same of the sa www.elizia Sign room lass a. Williams gird from Ed., Enviore . . Company and the company of the c The Control of the Co Toleyne Mad att | Shirt - Bit of the

D STATE DEPARTMENT OF HEALTH BALTIMORE 1, MARYLAND ? **EXAMINER'S** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY by COUNTY rector. Page necessary es b. CITY OR TOWN (if outside corporete fimits, OR TOWN (If optside corporete limits, write RURAL end give neerest town) write RURAL and give/hearest town of an NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress NAME OF DATE fo the DECEASED OF DEATH (Type or print) with 5. SEX 6. COLOR OR DATE AGE (In yeers | IF UNDER 1 YEAR NEVER MARRIED 2 with ours a last birthday) Months and WIDOWED g n 10a. USUAL OCCUPATION (Give kind of work in pencil in Item 18. Give Pages 1, 2, Office along with form PM3. Page 5 10b. KIND OF BUSINESS OR INDUSTRY pages I and done during most of working life, even If retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, on unkown) | (If yas give war or detes of servica) Office along with burial-transit permi any This certificate should be executed 1B. CAUSE OF DEATH [Entar only ona cause per line for (a), (b), end (c). 2 PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) **DUE TO** removal, Conditions, if any, which (b) ass execute the certificate, writing the word "pending" gave rise to immadiata cause 10 Medical Examiner's DUE TO (a), steting the underlying 88 50 cause last. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTOPSY CERTIFICATION pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | DEPUTY MEDICAL EXAMINER: burial, CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 Month, Dey, Yeer 20f. (City or town) factory, street, office bldg., atc.) 0 Not While Whila Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy V, Inspection V agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 01 National Harmony prince Georges County, 3-25-60 Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S GIGNATUR 23. FUNERAL DIRECTOR DATE MAR 2 8 '60 3015 - 12th VS. A15ME Rhines & Company Washington 17.

1300

e. IS RESIDENCE ON A FARM? YES NO L

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(Stata)

and in my opinion

DATE SIGNED

(Stafe)

12. CITIZEN OF WHAT COUNTRY?

Devs

(County)

IF UNDER 24 HRS.

5M 7/59

THE ATERN A THUMBER OF THE PROTECTION OF THE PROTECTION OF THE PARTY OF THE PROTECTION OF THE PARTY OF THE PA THE RESERVE OF THE RESERVE OF THE PARTY OF T Carlo Manual Page 1441 - A con-so-so-F 6 - F 6 - F 6 - F 7 - Tone 1. Andrea & Company Westmeton 17, J. C.

ORTAGORIC STADRITH		3.12.1 (0.10)
	3 24	
		The state of the state of

f any delay is necessary, please exertioneral director. Page 4 shauld be nor your files.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2753

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1)	2	0	0	17
U	0	U	J	3

0407					Reg. Dist	. No.	
1. PLACE OF DEATH		2. USUAL RESIDENCE (V	Where decease	d lived. If Institut	tion: Resident	ce before adm	ission)
o. COUNTY Prince Georges	MARYLAND	o. STATE	vland	b. COUNTY	Prin	ce Geo	rges
b. CITY OR TOWN (If outside corporate limits, write BURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		orate limits, write			
w. Hyattsville	5 years	52 W.	Hyatt	sville			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital, give street address)	d. STREET ADDRESS	y			e. IS R	ESIDENCE
6603 Karlson Cour	t	6603	Karl	son Cour	t.		A FARM?
3. NAME OF First DECEASED (Type or print) Francis	Middle Everett Co.	Lost Le	4. DATE OF DEATH	Month March	14		rear 9 60
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH	5	P. AGE (In years	IF UNDER 11	EAR IF UND	ER 24 HRS.
Male white widowed	DIVORCED	5-5-98		lost birthdoy) 61 yrs.	Months De	ays Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K. during most of working life, even if retired)				untry)	12. CITIZE	EN OF WHAT	COUNTRY
Clerk	U.S.Government	14. MOTHER'S MAIDEN N	of Co.	Lumbia		USA	
Elmer M. Cole 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 117. IN	FORMANT	Susie.	Kinslow			
(Yes, no, or unknown) (If yes, give war or dates at service)	70. 71.10	100000				// 0	
No 1		narles M. Co	Te; sar	me addre	ss as	# 2.	
18. CAUSE OF DEATH [Enter only one cause per line f						ONSET AND DE	ATH
IMMEDIATE CAUSE (o)	cute congestive	e heart fail	ure				
444 X DUE TO							
Conditions, if ony, which gove rise to immediate couse	ardiovascular i	renal diseas	е				
(a), stoting the underlying DUE TO					J393	17.07	
couse lost. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIVE	EN IN PART 1		AUTOPSY DRMED? NO
	HOW INJURY OCCURRED. (En	ter noture of injury in Pari	t I or Part II a	f item 18.)			
2	fanta.	E OF INJURY (Home, form	20f. (City	or tawn)	(Cauni	ly)	(Stote)
Hour o. m. While of wor	Not while	ry, street, office bldg., etc.					
21. I certify that I took charge of the re	emoins described obov	e, held on Autops	y , Ins	spection KL	Inquiry	XX and	find tha
deoth resulted from: Natural causes T	Accident . Suic	ide], Homicide	Uni	determined co			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
SIGNATURE COMMON - Maly	Graffet /	CHIEF MEDICAL EX	AMINER			DATE	SIGNED
SIGNATURE CENTRAL PROPERTY		ASSISTANT MEDICA	AL EXAMINER	П			
NAME (Type) John T. Maloney	M.D.	DEPUTY MEDICAL			ch 14.	1960	
	22c. NAME OF CEMETERY OR C		-	ON (City, town, o		(Stot	(a)
220. BURIAL, CREMATION. 22b. DATE THEREOF BURIAL (Specify) 3.16.1960		Cemetery		Itland.	2.6	land	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'	D BY REGISTR	AR 24b. REGIS	TRAR'S SIGN		
Lee.Funeral Home 300	.4th st N E	DATE M	AR 1 6 '6	0 Ch	alwa S. 1	Kaus	

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If your the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to be converded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages Land 2 with the Use the certificate, writing the ward "pending" in pencil in Item 18. Giverwarded to the Chief Medical Examiner's Office along with form PM3.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. or removal VS. A15ME(5) 5M 9/55

over a serial eta Marie Santa Paris Contract to the second Alterial to the term of the second of the P

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03634

1		3752 CERTIFIC	CATE OF DEATH Reg. Dist. No.
1		PLACE OF DEATH G. COUNTY PRINTER PEORGE MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY Chas. County
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OUTHERN MARYLAND HOSP, CONTER	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) SARAH	Collins 4. DATE Manth Day Year OF DEATH 3 2.5 1960
	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	5/18/83 Tyrs. Months Days Hours Min.
		USUAL OCCUPATION (Give kind of work done of the lob. KIND OF BUSINESS OR INITIAL during most of working life, even if retired)	MARYLAND U.S.A.
	6	HARLES HENRY LIRAY	CHARL EMMA JUSEPHINE PER
I		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service)	EMMA CLARK- LAPLATA MO
_		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which gove rise to immediate couse (o), stating the underlying couse lost. DUE TO (b) CARDIOVAS (b) CARDIOVAS (c) HYPER TENS	SIVE ARTERIOSCIEROSIS 4YRS
0	ICATION		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I ar Port II of item 18.)
	MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work of two the control of two the control of two two the control of two	PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State factory, street, office bldg., etc.)
		21. I certify that I attended the deceased fram. 3/2 alive an 3/2 , 19 00, and that dec	th accurred at 6.30 m; from the causes and an the date stated above ADDRESS (Street, city or town, state) PATE SIGNE
1		SIGNATURE Clefted & Japa	So MD HOSPITAL CTR
		PHYSICIAN'S NAME (Type) ALPRED	a. LAPIN, M.D.
		BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY 3/29/60	this maryland
1	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS NO. A.	240. REC'D BY REGISTRARY 24b. REGISTRAR'S SIGNATURE MAR 2 9 '60 Outland & Kraua.

VS A1S (4) 1SM 9/S8

SOR THE RESERVE AND A STREET OF THE PARTY OF

territoria del proposito de la compansión de la compansió

DISTRICT

OF

MARYLAND

c. LENGTH OF STAY IN 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

COUNTY

min To		38	583
vith	13	For	1
led,w		WAR.	1
File			

PLACE OF DEATH a. COUNTY

PRINCE GEORGES

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest town)

ANDREWS ATR HORCE RASE

funerol by the puo attending physician the þ

SSPITAL OR ATTENDING PHYSICIAN: The law requires the retained by the haspital ar ottending physician. NERAL DIRECTOR: After this certificate has been signed

VS ATS 15M 9/S

500		ANDREWS A	IR FORCE B.	ASE	38 DAY	S /2	WASHINGTON	D.C.	RURAL)		
50		OR INSTITUTION	TAL (If not in haspital, STAL ANDRE		ress)		6964, ALLEN				e. IS RESIDENCE ON A FARM? YES NO
		NAME OF	Fi	rst	Middle		Last	4. DATE	Month	Do	y Yeor
		Type or print)	GL	ORIA	MARTH	A	CONLEY	OF DEATH	MARC	H 2	7 1960
	S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DA	TE OF BIRTH	9. /	GE (In years IF		IF UNDER 24 HRS
311	F	TEMALE	WHITE	WIDOWED [DIVORCED		9 MARCH 19		ost birthday) A	Months Days	Hours Min.
	10a	USUAL OCCUPATION	ON (Give kind of work king life, even if retired	dane 10b. KIN	D OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	ar foreign count	γ)	12. CITIZEN O	F WHAT COUNTRY?
327		CLERK-TYP		"	INSURANCE		NORTH CAF	ROLINA		U. S	. A.
	13.	FATHER'S NAME	S - 11 - A -			14.	MOTHER'S MAIDEN	NAME			
		ROY TRAVI	S				BESSIE PO	OOVY			
			R IN U. S. ARMED FOR		IAL SECURITY NO.	INFOR			Address	5	-
	1	NO	(ii yes, give wor or owner or	No. (1)CO)			HUSBAND	SAME	AS 2d		
	\mathcal{I}	18. CAUSE OF DEA	ATH [Enter only one co	ouse per line fo	or (o), (b), and (c).]		-4			INT	ERVAL BETWEEN
		PART I. DEA	TH WAS CAUSED BY:	SHOC	K					3	SET AND DEATH
		092	DUE TO								TO VET
J		Conditions, if a	ny, which) (b	ACUI	E RENAL F	AILURE				6	DAYS
727		gove rise to i couse (o), stoting	mmediate (-							
m		lying cause lost.) (0	ACUI	E INFECTI	OUS HE	PATITIS			6	WEEKS
2	CATION	PART II. OTH	HER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVEN	IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OC	CURRED. (Ent	er noture af injury in	Port I or Port II o	of item 18.)		
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	or 20d. INJUI While at work	Not while		F INJURY (Home, forn treet, office bldg., etc		tawn)	(County)	(Stote)
		21. I certify th	at I attended the	deceased	fram 19	FER	, 19 <u>60</u> , ta	27 MAR	1960,th	at I last say	w the deceased
		alive an/_	27 MARCH				rred at 10:35	ATT A4			
		he	ine R	1/10				ADDRESS (Street			DATE SIGNED
		ACTUAL SIGNATURE SI	DNEY B, KE	RIVER		M.D.	ANDREWS A:	IR FORCE	BASE	27	MARCH 60
		and the second of									
		NAME (Type) SI	DNEY B, KE	RN, MAJ,	USAF,MC		USAF HOSP	ITAL AND	REWS, WAS	HINGTON	25,DC
	220		N, 22b. DATE THEREC	OF 22	c. NAME OF CEMET	ERY OR CRE	MATORY	- 11	(City, town of	7 /	(State)
		Decres	3-30-	60				Morge	ton Alora	ett Gero	luca
								100			
	23.	PUNERAL DIRECTOR			ADDRESS	,		D BY REGISTRAR		RAR'S SIGNATU	IRE

All the rate to the second North Hot Called

VS A1S (4) 15M 9/5B

d

	0010	CEKTIFI	CAI	E OF DEAT	П		Reg. Di	st. No.		
PLACE OF DEATH o. COUNTY	an Course	MARYLAN		usual residence (Woo. STATE Marvland	here decease	b. COUNTY	on: Resider			ion)
	ce Georges utside corporate limits, write est town)	c. LENGTH OF STAY IN	16 2	c. CITY OR TOWN (IF	outside corpo)
d. NAME OF HOSPITAL OR INSTITUTION	rly (If not in haspital, give street	2 days	1	d. STREET ADDRESS	sant				e. IS RES	IDENCE FARM?
	ce Georges Ge	neral		512-B 6	2nd.Av	re				NO [
NAME OF DECEASED (Type or print)	First	Middle	Cor	Lost	4. DATE OF DEATH	Mon Mar		Do:	,	Year 19 6(
SEX 6		RIED NEVER MARRIED		ATE OF BIRTH	918	9. AGE (In years last birthday)	IF UNDER Months			
. USUAL OCCUPATION during most of working	(Give kind of work done 10b	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (State	e or foreign c	- State -	12. CIT	IZEN OF	WHATC	OUNTRY
Machine o		Government		Alaba	ma	W. F.				
FATHER'S NAME			1	. MOTHER'S MAIDEN	NAME					
	illiam London			Josephi	ne Kin	0				
	N U. S. ARMED FORCES? 16.			rmant ington Conl	Ley 5	I2 62 nd		eat	Plea	sant
PART I. DEATH	[Enter only one couse per I WAS CAUSED BY: AMEDIATE CAUSE (a)	fulmona	thy	edena					RVAL BE	
Canditions, if ony,	nediote	Repatic	C	Ina)	20.			a	day	10
couse (o), stating the lying cause last.	DUE TO	Cah cent	In	a of	joek)		9.	yea	le
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a)	PERFO	AUTOPS'
20a. ACCIDENT WAS I OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	CAUSE OF DEATH	CRIBE HOW INJURY OCCU	IRRED. (E	nter noture of injury in	Part I or Por	rt II af item 1B.)			5.9	
20c. TIME OF INJURY Hour a, m, p, m,	Month, Day, Year 20d. While at wa	Not while	PLACE foctory	OF INJURY (Home, far , street, office bldg., et	m, 20f. (City	y or town)	(County)		(Stot
	oftended the decear			25 19.60 , to	ZM, from		d on the		stoted	
BURIAL, CREMATION, REMOVAL (Specify)	3-31-60	22c. NAME OF CEMETER	Y OR CR	EMATORY (Selienal	22d. LOCA	TION (City, town,	or county)		(Stot	e)
FUNERAL DIRECTOR'S S	IGNATURE S	ADDRESS	5-11	DAME	DD 1		STRAR'S SI			75

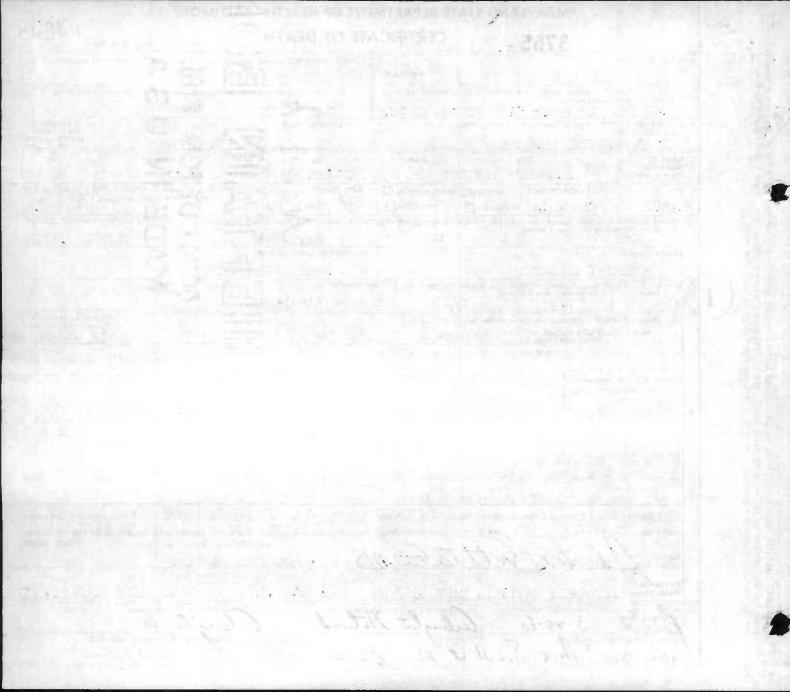
A SECOND OF THE SECOND THE THE PARTY OF T the Nil 1867 III lake the med and market Commence of the contract of th

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
1754	CERTIFICATE	OF DEATH	

03637

Reg. Dist. No

	1. PLACE OF DEATH					. USUAL RESIDEN	ICE (When	e deceased	lived. If instituti	on: Reside	nce befo	re admissi	on)
	PRINCE G	EORGES		MARYLA	AND	O. STATE DIST	RICT	OF CO	OLU-BIATY		0	6.	
	b. CITY OR TOWN (I	f outside corporate limit earest town)	s, write	c. LENGTH OF STAY IN	116	c. CITY OR TOV	VN (If out	side corpor	ote limits, write R	URAL ond	give ne	arest town)
	ANDREWS	AIR FORCE I	BASE	13 HRS 5 M	IN .	/2 WASHI	NGTO	1		122		17.94	
3	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET ADD	RESS	West.				e. IS RESI	DENCE FARM?
	USAF HOS	PITAL A. DRI	EWS			6152	WEST	CHESTI	ER DRIVE			YES 🗌	NO 🛚
	3. NAME OF DECEASED	Fire	st	Middle		Lost	4	4. DATE OF	Mor	ith	Do	у Ү	ear
	(Type or print)	NEWBORN	I TWI	N "A"		CULLEN	100	DEATH	MARCI	H	25	1	9 60
	5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	□ B.	DATE OF BIRTH			9. AGE (In years lost birthdoy)	IF UNDER		IF UNDE	
	FEMALE	CAUCASIAN	WIDOWI	ED DIVORCED		24 MARCH	1960		yrs.	Months	Doys	Hours 13	Min.
	10a. USUAL OCCUPATIO	ON (Give kind of work of ing life, even if retired)	lone 10b.	KIND OF BUSINESS OR	INDUSTI	Y 11. BIRTHPLACE	E (State or	r foreign co	ountry)	12. CI1	IZEN O	F WHAT C	OUNTRY?
	NONE			NONE		MA	RYLA!	ID		U	NITE	ED ST	ATES
	13. FATHER'S NAME					14. MOTHER'S MA	AIDEN NA	ME					
	ROBERT	I CULLEN		N - 1 30		ANNE	B W.	ILLOU	GHBY				
	(Yes, no, or unknown)	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INF	ORMANT	U-1-		Add	ress			
) NO	N/A		N/A		HOSPITAL	CHAI	RT					- 77
_	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]							INT	ERVAL BE	WEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	PE	REMATURITY							13		5 M.
	7767	DUE TO						1000	p				
	Conditions, if or	ny, which) (b)											
	gove rise to in couse (a), stating	mmediate (100	
	lying couse lost.	(c)											
	PART II. OTH	IER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO TH	IE TERMIN	AL DISEASI	CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS A	UTOPSY
-	CAI												NO 🗌
	PART II. OTH	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture of in	jury in Po	ort I or Port	II of item 18.)				
	1.	MEDICAL EXAMINER)											
	Y 20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Yes				E OF INJURY (Honry, street, office bl		20f. (City	or town)		(County)		(Stote)
	p. m.	19	While of wor	k Ot while			-5.,,						
	21. I certify th	at I attended the	deceas	ed fram, 24 MA	RCH	, 19 60,	ta25	5 MAR	CH 1960	that I le	ast sav	v the d	eceased
	alive an 25	MARCH	_, 19	60 , and that d	leath c	ccurred at 1	2:40	R. fram					
	/	1/1 1	1.	1	^				reet, city or town,				SIGNED
	ACTUAL SIGNATURE	/att	10	ata 1	M)	USAF	HOSP:	ITAL A	ANDREWS				
	N/												
	PHYSICIAN'S SA	LVADORE BA	TTIAT	A CAPT USAF	MC	ANDRE	WS A.	IR FO	RCE BASE	WASH	INGI	ON 2	5, DO
	220. BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEMET	ERY OR	REMATORY	2	2d. LOCAT	ION (City, town,	or county)	1	(Stote)
	REMOVAL-(Specify)	3-29-6	0	HELINGI	TON	NATION	AL	HR	LINGTO	IN C	A.		
	23. EUNERAL DIRECTOR	S SIGNATURE		ADDRESS	1 1	24	la. REC'D	BY REGIST		STRAR'S S			
	Linaldi Thus	red House he	1 8	16 JJ AT.).	1.6.	CC 2 0	ATE MA	R 29'8	a	rthur 2	. The	M4	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3735 CERTIFICATE OF DEATH

Reg. Dist. No.

03639

PTINCE GEOTGE Detail Converted Converted Simils, write Centre of Stay In In Detail Converted Stay Centre of Stay In In Centre of Stay In Centre of Stay In		1. PLACE OF DEATH o. COUNTY Prince. George		MARYL	AND	2. USUAL RESIDE		nere deceased	l lived. If institution b. COUNTY			odmissi	an)
Riverdale d. NAME of POSPITAL (if not in hospical, give street oddress) Diggme Leland Memorial Hospital 9030 19th Avenue 10th Annual Street Address 9030 19th Avenue 10th Ann	1	b. CITY OR TOWN (If outside carporate lim	its, write	c. LENGTH OF STAY II	N 16			utside carpo				it tawn)
ANAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION ENGREPH LO INTERNAL BETWEEN OR ASTRETION AND INCERT ADDRESS OR ASTRETION AND INCERT ADDRESS OR ASTRETION AND INCERTAGE OF STATE ADDRESS OF INDUSTRY IN BRITISH AVENUE SEX CUTTEY PART I. DEATH WAS CAUSED BY IN U. S. ARMED FORCESS IS ADDRESS OR INDUSTRY II. BIRTHPACE (Side or foreign country) I. ADDRESS OR INDUSTRY III. BIRTHPACE (Side or foreign country) I. ADDRESS OR INDUSTRY III. BIRTHPACE (Side or foreign country) I. ADDRESS OR INDUSTRY III. BIRTHPACE (Side or foreign country) I. ADDRESS OR INDUSTRY III. BIRTHPACE (Side or foreign country) I. A				26 days		70Colleg	e Par	rk		140			
Supplement Legistry Description Sing Middle Day Test No.	,	d. NAME OF HOSPITAL (If not in hospital.	give street	oddress)							e.	ts RESI	DENCE
2. NAME OF STAND DERVING COURSE AND DESCRIBE HOW INJURY OCCURRED. S. CATE OF BIRTH MAY BY 1960 PER MARKED TO PART OF BIRTH MAY BY 1960 PER MARKED TO PART OF BIRTH MAY BY 1960 PER MARKED TO PART OF BIRTH MAY BY 1960 PER MARKED TO PART OF BIRTH MAY BY 1960 PER MARKED TO PART OF BIRTH MAY BY 1960 PER MARKED TO PART OF BIRTH MAY BY 1960 PER MARKED TO PART OF BIRTH MAY BY 1960 PER MAY	5		rial	Hospital		9030 1	Oth i	Aromio					
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1879 9. AGE 1970 1900	1	3. NAME OF					711111			Ph.		_	
5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 18.79 P. AGE (in year) Flouble Park Months Days Hours Min Months Days Hours Min Months Days Hours Min Months Days Hours Min Min Min Min Months Days Hours Min		DECEASED	ian	В.				OF DEATH			3		
Female Calic Widowed Divorced April 8, 1976 Solar Store Solar	1	5. SEX 6. COLOR OR RACE	7. MAR				187	9	9. AGE (In years		1 YEAR IF		
USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slobe or foreign country) 12. CITIZEN OF WHAT COUNTRY		100				April 8,	1/8/7	8		Months	Days I	laurs	Min.
HOLESUIFE 13. AATHER'S NAME James Patterson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT None Hospital Records. 18. CAUSE OF DEATH [Enter only one couse per lips for (o), (b), and (c).] PART I. DEATH WAS CAUSED by Information of the couse form of survice) IMMEDIATE CAUSE (o) DUE TO JUNEAU COLUMN SCILLIAGE HOLE TO MAKE AUGUSTED (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (o) 19 WAS AUTOPSY YES NO PER II (F) THE R. NOTHY MEDICAL EXAMINER) 20. ACCIDENT WAS UNDERLYING OF DEATH II (F) THE R. NOTHY MEDICAL EXAMINER II (F) THE R. NOTHY ME	V	10d. USUAL OCCUPATION (Give kind of work	dane 10b.		INDUS	TRY 11. BIRTHPLA	CE (State	ar foreign co		12. CI	IZEN OF	WHAT	COUNTRY?
14. MOTHER'S MANE 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Catherine Burns 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. MOTHER NOT WILLIAMS (AUSED BY: Unknown) 17. INFORMANT MOTHER NOT WILLIAMS (AUSED BY: Unknown) 18. CAUSE OF DEATH (Enter only one course per lips for (a), (b), and (c). ADDRESS (a) ADDRESS (b) ADDRESS (b) ADDRESS (b) ADDRESS (b) ADDRESS (b) ADDRESS (b) ADDRESS (b) ADDRESS (b) ADDRESS (b) ADDRESS (b) ADDRESS (b) ADDRESS (/	1)	Own Home		M	ichi	gan		U	S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yea, give wood dotte of invited Unkflow) (If year) (If yea, give wood dotte of invited Unkflow) (If year) (If ye													
INTERVAL BETWEEN None Hospital Records None Hospital Records		James Patterson				Cath	erin	e Bur	ns				
IS. CAUSE OF DEATH [Enter only one course per lipe for (o), (b), and (c).] PART I. DEATH WAS CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate course (o), toling the under lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED OR CONTRIBUTING COURSED LOST OF CONTRIBUTING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED OR CONTRIBUTING COURSED LOST OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED OR CONTRIBUTING COURSED LOST OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED OR CONTRIBUTING CAUSE OF DEATH CONDITIONS CONTRIBUTING COURSED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE CONDITION GIVEN IN PART I (a) 197 WAS AUTORED LOST OF DEATH COURSE COURSE COURSE CO	ı			SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress			
18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONS			service)	None		0	Hos	oital	Records.				
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate couse (a), stoling the under Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT TO THE TERMIN	-		ouse per fi	pe for (a), (b), and (c).]		2/		/			INTERV	AL BET	TWFFN 4
DUE TO Canditians, if any, which gave rise to immediate course (a), staining the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? PERFORM		PART I. DEATH WAS CAUSED BY:	/	proma	in	Thre	ma	602					
Canditions, if any, which gave rise to immediate cause (a), stoting the under- lying cause lash. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0 19/2 WAS AUTOPPY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING OF INJURY Month, Day, Year 200. INJURY OCCURRED at work 10/2 work		1160		0.7.	1	11 1	21				1	H	46
gave rise to immediate caving (a), stating the under caving (a) to the stating the under caving (b) to the stating the under (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 200. TIME OF INJURY Month, Day, Year 19 While Not while Not while Not while Not while Not while Not while Not while Not work Of work		Conditions if any which \	6	Merco	UCI	Crown,	Hen	of De.	2		2	4	20
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTION GIVEN IN PA		gave rise to immediate		ale	1	7	100	- //	1	,	- 6	-	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH ITHTER OF CAUSE OF INJURY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year While of wark of work of injury (Home, farm, 20f. (City or town) (County) (State) 21. I certify that I attended the deceased from of work of w	1	twice cours last	3	Eleneras	6	reer	02	CKE	rose	0	2	4/	0.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of wark of w				CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 19	WAS A	UTOPSY
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of wark of w		ATIC								2		PERFOR	RMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark of war		E 20a. ACCIDENT WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of i	njury in f	Part 1 ar Part	II of item 18.)				NOTE
20c. TIME OF INJURY Month, Day, Year Month, Day, Year Hour o. n. 19		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
21. I certify that I attended the deceased from			or 20d. I	NJURY OCCURRED 2	Oe. PLA	CE OF INJURY (He	me, farm	, 20f. (City	or town)	- (1	County)		(State)
21. I certify that I attended the deceased from		Hour o. m. 19		Nat while	fact	ary, street, affice b	oldg., etc.	}		-			(0.0.0)
alive on					11	10h a	. 7	Wes.	2/	0			
ACTUAL SIGNATURE M.D. ADDRESS (Street, eity or town, stote) ADDRESS (Street, eity or town, stote) DATE SIGNED 3-3-6 PHYSICIAN'S NAME (Type) J. W. Malin, M.D. 1/10/1 Queensbury Rd. Riverdale, Maryland 22a. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BUTIAL 22b. DATE THEREOF 3-6 22c. NAME OF CEMETERY OR EXEMANDER PHYSICIAN'S NAME (Type) J. W. Malin, M.D. 1/10/1 Queensbury Rd. Riverdale, Maryland 22a. BURIAL CREMATION, 22b. DATE THEREOF Secondary Washington 22b. LOCATION (City, town, or county) Hyattsville, Maryland. 22c. NAME OF CEMETERY OR EXEMANDER 22d. LOCATION (City, town, or county) Hyattsville, Maryland.		MAAR	deceas	1	7	1862-4.	11/1/2	Las					
ACTUAL SIGNATURE M.D. ACTUAL		dive on	11/1	z_O, and that a	seath	occurred at 1					he date		
PHYSICIAN'S NAME (Type) L.W. Malin, M.D. 1/10/1 Queensbury Rd., Riverdale, Maryland 22a. Burial, Cremation, 22b. Date thereof Removal (Specify) 3/7/60 George Washington Hyattsville, Maryland. 23. FUNERAL DIRECTOR'S SIGNATURE 4739 Babblessmore Avenue 24a, Rec'd by REGISTRAR 24b, REGISTRAR'S SIGNATURE	/	ACTUAL	11/	lan		1	n	us-	111	270	/	7	3-1
NAME (Type) 1.W. Malin, M.D. Queensbury Rd., Riverdale, Maryland		SIGNATURE	1664	,	^	(.D						2	0
22c. NAME OF CEMETERY OF EXPLANATORN 22d. LOCATION (City, town, or county) 3/7/60 22c. NAME OF CEMETERY OF EXPLANATORN George Washington 22d. LOCATION (City, town, or county) Hyattsville, Maryland. 23d. REC'D BY REGISTRAR'S SIGNATURE	1	PHYSICIAN'S	MD	Ideals areas	nahı	awe Da	D:		37 2				
Burial (Specify) 3/7/60 George Washington Hyattsville, Maryland. 23. FUNERAL DIRECTOR'S SIGNATURE 4739 Babbessmore Avenue 240, REC'D BY REGISTRAR'S SIGNATURE	ŀ			22c NAME OF CEMEN	ERV OF	FPENASOPY:	TIVE						
23. FUNERAL DIRECTOR'S SIGNATURE 4739 BADDRESSMOTE AVENUE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	1	DESCRIPTION OF THE PROPERTY OF									rland)
TO THE CONTRACT OF THE CONTRAC	1		473				40 PEC'I					•	
						2						4	

VS A15 (4) 15M 9/55

3756

CERTIFICATE OF DEATH

Reg. Dist. No. (1364)

	-										•	
1. PLACE OF DEATH o. COUNTY Prince	e Georges	3 1	MAI	RYLAND	2. USUAL RES	,	ere deceased	lived. If instituti b. COUNTY				ian)
b. CITY OR TOWN (III RURAL and give ne Upper Ma	f autside carporate limitarest town)	ls, write	c. LENGTH OF STA		11/		utside corpor	ate limits, write R	URAL and	give nec	arest tawn)
	AL (If not in hospitol, g	ive street	oddress)		d. STREET	ADDRESS	o Pil					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fin	orge	Midd	ile	Curt		4. DATE OF DEATH	Mor Ma	rch	Do	_	Year 19 60
5. SEX	6. COLOR OR RACE		RIED T NEVER MAR	RIED	8. DATE OF BIRT	тн		9. AGE (In years last birthday)	IF UNDER Months			R 24 HRS. Min.
Male 10a. USUAL OCCUPATIOn during most of work Carpenter		dane 10b.		OR INDU	STRY 11. BIRTHP	LACE (Stote Man	or foreign co	82 yrs. untry) 1			F WHATC	OUNTRY?
13. FATHER'S NAME James Bak	er Curti	1			14.7MOTHER		th Kid	lwell				
15. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY N		NFORMANT Lice R.			Same a		ove	•	
PART I. DEA' 331 Conditions, if ar gave rise to ir couse (a), stating I lying cause last.	nmediate (Corelina	o Va	souls a	Acci	let			ON	SEI AND	DEATH
ICATIO	ER SIGNIFICANT CON	a	raindra	01	Prosto	ite			EN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED? NO 🚁
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCGURRE	D. (Enter noture	af injury in I	Port I ar Part	II of item 18.)				
20c. TIME OF INJURY Haur a. m. p. m.	Y Manth, Doy, Yea	While	NJURY OCCURRED Not while t ot wark		ACE OF INJURY ctary, street, affic			or tawn)	(Caunty)		(State)
alive an/2 ACTUAL SIGNATURE	at Lattended the	19 (OC, and the			930	M, fram 1 ADDRESS (Str	the causes an eet, city or town,	d an the state)	ast save date	stated	eceased labave Esigned
220. BURIAL, CREMATION REMOVAL (Specify) Burial	3/16/60	F	22c. NAME OF CE			Cem:	_	ION (City, town,		Md	(State	e)
23. FUNERAL DIRECTOR'S	s signature Bros • Upper	r Ma	ADDRESS			24a. REC'	AR 1 8 '6		STRAR'S SI			

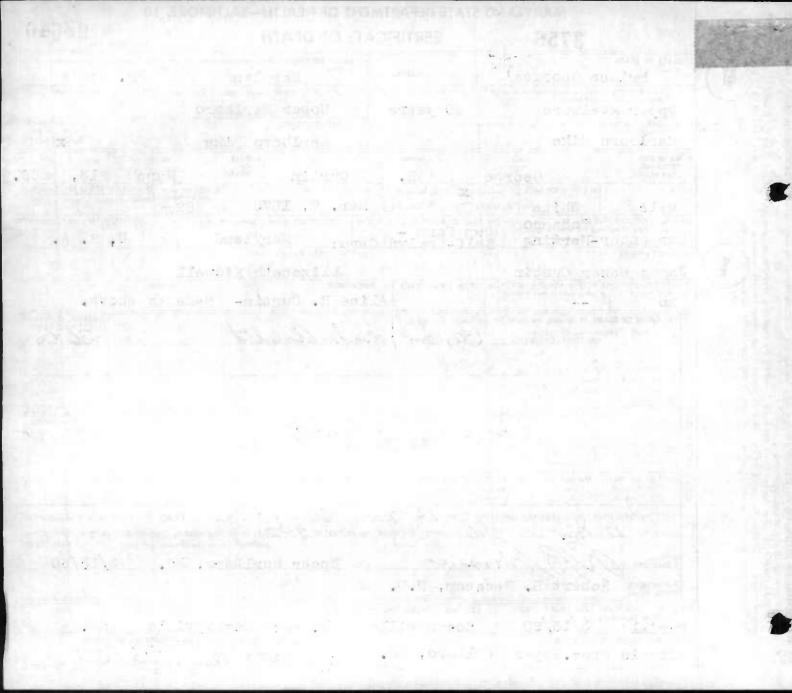
be retained by the haspital or attending physician. Then please remave carbon papers. DSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed page 3 should be detached far use as the burial-transit permit. Then please remove carbor the registrar prior to burial, crematian, ar remaval, and in any event within 72 hays after

directar filed

ely filled in by the funeral Pages 1 and 2 should be f

24 hours after death.

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

bill a Hamma . Astrona Hopertal a Correct Hopertal . Americally . Ed.

VS A1S (4) 1SM 9/SB 3678

CERTIFICATE OF DEATH

Rea. Dist. No.

		- 0			1			Keg. Dist	. 140.	
o. COUNTY	DE LILIED		MARYLANI	O STA	RESIDENCE (W	here deceased	lived. If instituti		before ad	mission)
b. CITY OR TOWN (Prince Geo If outside corporate limi earest town)		ENGTH OF STAY IN 1			rland outside corpor	rote limits, write R			eorge
d. NAME OF HOSPI OR INSTITUTION	Cheverly TAL (If not in haspital, g		l da.	d. STR	Prandywi					RESIDENCE N A FARM?
OK HASHIOTOTA	Prince C	eorges	General	1	Rt. 3	Box 33	32			NO [
B. NAME OF DECEASED (Type or print)	Fire	st	Middle	D-	lost egs	4. DATE OF DEATH	Mon		Day	Year 19 60
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years lost birthday)	IF UNDER 1	YEAR IF U	NDER 24 HR
Da. USUAL OCCUPATION	ON (Give kind of work of	dane 10b, KIND		-	L2=20=70 RTHPLACE (Stote		89 yrs.	12.CITIZI	EN OF WHA	AT COUNTRY
during most of wor	king life, even if retired)			-	nd				1.8.	A.
3. FATHER'S NAME			the Const	14. MOT	HER'S MAIDEN I	NAME				
-				1		-				
	R IN U. S. ARMED FOR		AL SECURITY NO.	INFORMANT	1) (Add	ress		0
The state of the s	(ii yes, give wor or dures or se	a vice)		Mad	45 td	199	13)10	molls	when	I mal
18. CAUSE OF DEA	ATH [Enter only one co	use per line for	(o), (b), and (c).]	/	6)	11			INTERVA	L BETWEEN
	TH WAS CAUSED BY:	14	ouch	1	nei	in	E SEE		ONSET A	ND DEATH
1155	DUE TO	1			0.0					
Canditions, if a	ny which	Ke	m Cho	0	W -	tari				
gove rise to i	mmediate	100	- ga	ca .	9	/				
lying couse last.			0							
) (c) HER STGNIFICANT CON	DITIONIS CONT	DIBUTING TO DEATH I	HIT NIOT BELAT	ED TO THE TERM	INIAL DACEACI	COMPITION OF	(ENCINE DADT	1/	AC ALITORS
PARI III. UII	TER SIGNIFICANT CON	DITIONS CONT	KIBUTING TO DEATH E	OT NOT KELAT	ED IO INETERM	IINAL DISCASI	E CONDITION GIV	EN IN PAKI	PE	RFORMED?
PART II. OTH	AS UNDERLYING	20b. DESCRIBE	HOW INJURY OCCUP	RED. (Enter no	ture of injury in	Part I or Port	II of item 1B.)		YES	□ NO □
	MEDICAL EXAMINER)									
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yeo	While of work	Not while_	PLACE OF INJ foctory, street,	JRY (Home, farm office bldg., etc	m, 20f. (City	or town)	(Co	ounty)	(Stote
	nat I attended the	deceased f	ram Feb. 2	9 10	60 ta 1	Mar 1	, 1960	that I last	t case the	a decease
alive an	(ar. 1	19 60								
dive di	06	•	, did ilidi dec	illi decorre	1		the causes an	state)	dale sid	DATE SIGNE
ACTUAL	S Cle	all	man	63	118/5	0726	en-Re	os da	aha	3/2/
SIGNATURE		7/		_ M.D.	1			4.4.4.	7	- A-A
PHYSICIAN'S NAME (Type)	Dr. D.S. C	layman								
20. BURIAL, CREMATIC			NAME OF CEMETER	ØR CREMATO	DV	22d LOCAT	ION (Gity, town,	or county)		State)
REMOVAL (Specify)		1/	rondi	Juni	rema	Bra	ndy us	ful	w	
3. FUNERAL DIRECTOR	'S SIGNATURE	0.	ADDRESS	,	/ //	BY REGIST	RAR 248 REGI	STRAR'S SIGN	NATURE	
Theory	lodik	elsem	liqua	DCBM	DATE			4. 7	have	
- 17			- 17							

R LITTU LAPPONIN PROPE arkedonak all to skureno Add would de to describe terrore dunier. and and 4 the mean Marie Company of the state of t William Colonia and the colonial and the said Officer grad plantage Const.

1-	_
1	
-	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2670

03642

arthur S. Kraus

0013			Keg, Dist. No.
1. PLACE OF DEATH o. COUNTY Prince George's		(Where deceased lived. If institution ryland b. COUNTY	Prince George's
and give negrest town)	GTH OF STAY IN 16 c. CITY OR TOWN Rogers H	l (If outside corporate limits, write Rieights 39	URAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, given Prince George's General Hospitol			e. IS RESIDENCE ON A FARM? YES NO
(Type or pital)	DEXON DEXON	4. DATE Month DEATH March	z th Year 60
5. SEX Male 6. COLOR OR RACE 7. MARRIED AN WIDOWED	ever married 8. date of sirth bivorced 4 May 1889	whent briefly day A	FUNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF Carpender working life, even if retired) Self	BUSINESS OR INDUSTRY 11. BIRTHPLACE (SI Marylan		U. S. A.
13. FATHER'S NAME Benjiman F. Dixon	14 MOTHER'S MAIDE Susanna	hipps	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yes, no, or unknown) (III yes, give wor or doles of service) 577-26	6-5375 Minnie M. Dix	on (Wife) Address Same	as # 2
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Acute congestive hear	disease	ONSET AND DEATH
CATIC	NJURY OCCURRED. (Enter nature of injury in		YES NO
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY C	ot while factory, street, office bldg.,	arm, 20f. (City or town)	(County) (State)
21. I certify that I taak charge of the remains death resulted fram: Natural causes X, Ac ACTUAL SIGNATURE ACTUAL SIGNATURE John T. Maloney, M.D. MAME (Type)	M.D. CHIEF MEDICA	ide, Undetermined ca	Inquiry X, and find that use
226. BURIAL CREMATION, REMOVAL (Specify) BURIAL March 28, 1960 F	ort Lincoln	23d. LOCATION (City, town, or Bladensburg	, Maryland,
			RAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

	ANBITER 2	PREMIMAKE LAS	MOZNA BETTE
Control Manufacture of the Control o			
	9 9 24 100 S	e n skramov	
			STREET MEMORY OF STREET
of the Thorse			
			north and the
and the second could be		- 1-	
A. C.	Turkel oversig		VINTERIOR TO A CONTROL OF THE PERSON OF THE
		0 = 1 × 1 20.	
			part de la computation della c
		a tacas Words in	t wagners or comment of the comment
TO SECTION OF THE PERSONS IN			
		Holm Basile He	
	olket		

3680 CERTIFICATE OF DEATH

Reg. Dist. No.

03643

rest tawn)
ON A FARM? YES NO
Year 60
Hours Min.
WHAT COUNTRY?
rk st
RVAL BETWEEN ET AND DEATH
P. WAS AUTOPSY PERFORMED? YES NO
(State
the deceased stated above DATE SIGNED 3 -/0
E

Pages I and 2 should be filed with n 24 haurs after death. Page 4 be retained by the haspital ar attending physician. page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. JOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed page 3 shauld be detached far use as the burial-transit permit. VS A15 (4) 15M 9/5B

d

. A State Water Cha. TENNESSE THE THE PARTY OF THE the same of the sa Little and the second man de la comercia del la comercia de la comercia del la comercia de la comercia del la comercia de la comercia de la comercia de la comercia de la comercia del la co The second se and the contract of the property of the same But and the second of the seco Charles and the second of the M

	L		
ς	₹		
ř	3	'n	
į	j	D	
Č	5	0	
	נו	D	
		0	
		0	
		0	
		0	
		0	
		0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 be retained by the hospital or ottending physician.

TO:ANERAL DIRECTOR: After this certificate has been signed by the attending physician and camplely, rilled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registror prior to burial, crematian, or remayal? and in any event within 72 hours after death.

VS A15 (4) 1SM 9/58

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

3601 CERTIFICATE OF DEATH

03644
1101)74
 ()

0001	9-11111		Reg. Dis	st. No.		
1. PLACE OF DEATH a. COUNTY Prince George	MARYLAND	a. STATE	b. COUNTY	ce befare admission)		
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b			give nearest town)		
Cheverly d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	OUNTY Prince George MARYLAND TO ROWN If Dustide carporate limits, write and ordered lown) Cheverly AME OF HOSPITAL (If not in hospital, give street address) PINOR CHOSPITAL (If not in hospital, give street address) INTOR CHOSPITAL (If not in hospital, give street address) PINOR CHOSPITAL (If not in hospital, give street address) PINOR CHOSPITAL (If not in hospital, give street address) INTOR CHOSPITAL (If not in hospital, give street address) PINOR CHOSPITAL (If not in hospital, give street address) INTOR CHOSPITAL (IT not in hospital, give street address) INTOR CHOSPITAL (IT not in hospital, give street address) INTOR CHOSPITAL (IT not in hospital, give street address) INTOR CHOSPITAL (IT not in hospital, give street address) INTOR CHOSPITAL (IT not in hospital, give street address) INTOR CHOSPITAL (IT not in hospital, give street address) INTOR CHOSPITAL (IT not in hospital, give street addres					
0 0 11	OF DEATH UNITY Prince George Y OR TOWN (If autside carporate limits, write late and give nearest town) Y OR TOWN (If autside carporate limits, write late and give nearest town) I Day Mi OF HOSPITAL (If not in hospital, give street address) INSTITUTION Mi OF HOSPITAL (If not in hospital, give street address) INSTITUTION OF First Middle OF First Middle OF First Middle OF First Middle OF PITAL OF FIRST MARRIED NEVER MARRIED S. DATE OF SEB DIVORCED AUGUSTA OF WIDOWED DIVORCED AUGUSTA OF SEB DIVORCED I DIVORCED DIVORCED AUGUSTA OF SERVING SERVI		md.	YES NO		
PLACE OF DEATH C. COUNTY Prince Gorge MARYLAND MARYL				,		
5. SEX 6. COLOR OR RACE 7. MARRI Black		8. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Manths	1 YEAR IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work dane 10b. I	IND OF BUSINESS OR INDU		eign country) 12. CITI	ZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	Tarrier	14 MOTHER'S MAIDEN NAME	es le.	a. D.W.		
(Ausanier I	luvall	1//	aur			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) (If yes, give war or dates of service)	G.			re.		
Lie Calles of Death Sci.	7	eraldene Duvall	Baltimore ,Md.	I INTERVAL DETAILED		
PART I, DEATH WAS CAUSED BY:	e for (a), (b), and (c).	we sette	tie	ONSET AND DEATH		
115	11 2	J. F. D. T.				
gave rise to immediate	growe	pros pere				
lying squee last						
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I	ar Part II af item 18.)			
ZOC. TIME OF INJURY Manth, Day, Year 20d. IN While at work	Nat while fa		. (City ar tawn) (C	Caunty) (State)		
21. I certify that I attended the decease	d from Mar. 16	, 19.60, to Mar.	17, 19_60hat I la	st saw the deceased		
alive an Mar. 17 1960), and that death	,		date stated obove. DATE SIGNED		
	ac of	M.D. 1/12/60	****	5/17/6		
1. PEACE OF DEATH 2. CUINTY Prince Goorge MARYLAND 2. CUINTY ROWN (if couside carporate limits, write C. LENCH OF STAY IN 1b C. CUINTY ROWN (if couside carporate limits, write RURAL and give nearest four Mitcheville C. CUINTY ROWN (if couside carporate limits, write RURAL and give nearest four Mitcheville C. CUINTY ROWN (if couside carporate limits, write RURAL and give nearest four Mitcheville C. CUINTY ROWN (if couside carporate limits, write RURAL and give nearest four Mitcheville C. CUINTY ROWN (if couside carporate limits, write RURAL and give nearest four Mitcheville C. CUINTY ROWN (if couside carporate limits, write RURAL and give nearest four Mitcheville C. CUINTY ROWN (if couside carporate limits, write RURAL and give nearest four Mitcheville C. CUINTY RURAL And give nearest four Month Color C. CUINTY RURAL And give nearest four Month Color C. CUINTY RURAL And give nearest four Month Color C. CUINTY RURAL And give nearest four C. CUINTY R				D.C.		
Prince George MARYLAND STATE S						
23. FUNERAL DIRECTOR'S SIGNATURE HEAVY SWASHINSTER 4	ADDRESS Cleans	Charle DATE MAR 2	4'60	GNATURE		
14-10-		JA S DATE WALL	CVI	Torons		

139E

		4.93	
	one troi		e roof conimi
	MILLER BELL		1200
30.117	harry?	ALL MALE	ground outsid condct
h III			
TAKE TO SEE			
	S. Lavarers		and the state of t
· IV. William R. of			
	#		
	. E32 00 E	. 1017	
Deal empe U also		· //· Ladochia	1 of Louvest Co.
AVE CONTRACTOR			

(Stote)

22d. LOCATION (City, tawn, ar county)

24b. REGISTRAR'S SIGNATURE

arthur & Kraus

Was PM. REC'D BY REGISTRAR

DAMAR 2 8 '60

Rea. Dist. No.

MEDICAL CERTIFICATION

220 PURIAL CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

Lee Funeral Home

22b. DATE THEREOF

24 haurs after death. Poge 4

requires that the death certificate be executed with

	COUNTY Prince Geo. MARY! CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY CURAL and give negrest town) PARK Land NAME OF HOSPITAL (If not in hospital, give street address) OF INSTITUTION ME OF CEASED pee or print) MI 11										
a. COUNTY Pr	ince Geo.		MARYL	AND	2. USUAL RESIDEN a. STATE Md	CE (When	e deceased				
RURAL and give ne	grest town)	s, write c	LENGTH OF STAY I	N 1b	A 1		side carpor	ate limits, write R	URAL and give	nearest	awn)
d. NAME OF HOSPITA OR INSTITUTION . 5405 S1.	AL (If not in hospital, g lver Hill	Rd.	dress)				er Hi	11 Rd.		0	RESIDENCE N A FARM?
NAME OF DECEASED (Type or print)			0.50		Dyer		4. DATE OF DEATH			Day 24	Year 19 60
Male	And			_		1891		P. AGE (In years lost birthday) 9 yrs.	-	_	7
during mast af wark	ing life, even if retired)	lane 10b. KII	ND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE	E (State o	r foreign co	untry)			AT COUNTRY?
FATHER'S NAME	ver						ME				
D. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) Parkland d. NAME OF HOSPITAL (If not in hospital, give street address) C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) Parkland d. NAME OF HOSPITAL (If not in hospital, give street address) C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) Parkland d. NAME OF HOSPITAL (If not in hospital, give street address) C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) J. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) J. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) J. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) J. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) J. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) J. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) J. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) J. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) J. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) J. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) J. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) J. DATE MADE And Give have and give negrest fown) J. DATE MADE And Give have and give negrest fown (Industry of the give negrest fown) J. DATE MADE And Give have and give negrest fown (Industry of the give negrest fown) J. DATE MADE And Give have and give negrest fown (Industry of the give negrest fown) J. DATE MADE And Give have and give negrest fown (Industry of the give negrest fown) J. DATE MADE And STATE And Give have and give negrest fown (Industry of the give negrest fown) J. DATE MADE And STATE				11 1	Rd.						
PART I. DEAT 420.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	1	- 62	ro	nary otic	Od.	clu	non			
cause (a), stating t		De.	meral l	ar	lerio S	ele	cros	is		ins	Leiber
PART II. OTH	er significant coni	DITIONS COL	NTRIBUTING TO DEA	TH BUT I	NOT RELATED TO TH	E TERMIN	AL DISEASE	CONDITION GIV	EN IN PART 1	PE	AS AUTOPSY RFORMED?
OR CONTRIBUTING	☐ CAUSE OF DEATH	20b. DESCRI	Cura	CURRED	7		ert I ar Port	II af item 1B.)			
D. CITY OR TOWN [If outside corporate limits, write c. LENGTH OF STAY IN 16 2. PARK LAND 2	(Stote)										
alive on 2/1	n n	/	A /		occurred at 6	AL A	A, fram t	he causes ar	d an the a	late sta	
PHYSICIAN'S P	aul C. Va	n Nat	tta		5440	Sil	ver H	ill Rd			

22c. NAME OF CEMPTERY OR CREMATORY

300-4th St. N. E.DC

ADDRESS

VS A15 (4) 1SM 9/5B

				A ⁿ	
ost enut		THE REAL PROPERTY.		lace cep.	
	.AFF EITH TO	vilaramin n	1. 1. 1.	1 Lis nevil	
			Int Section	mull(14)	
		Quilliant ?			a Dall of
		onto C			
		mromanU		100	
		Make 1. Type		Theat	
		37 18 18 18 18 18 18 18 18 18 18 18 18 18			
Let Kinney		13.00.3			
		f 1			
	N. ST. ASLINE				
		\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	0.4	150200	
	10, 10,197	en- ^{er}			
	16 FIL 9 AND	SECTION		The state of the s	
		7. 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.			

Pages 1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03646

	3682	CERTIFICA	ATE OF DEATH	1		Reg. Dist. No.	(1904
1. PLACE OF DEATH a. COUNTY Pr	ince Georges	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl	and	b. COUNTY Pri	nce Geor	rges
RURAL and give n	(If autside corporate limits, write nearest tawn) everly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN, is a 32 Kent	vidsvelli Village	gits, write RUF	RAL and give near	est town)
OR INSTITUTION	ITAL (If not in hospitol, give street ince Georges Ger		d. STREET ADDRESS	73rd Pl	ace/	e	ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print)	First Martin	Middle H.	Lost Feigel	4. DATE OF DEATH	Month	Day	Year 2 1% 0
5. SEX Male	6. COLOR OR RACE 7. MARI	ED DIVORCED	8. DATE OF BIRTH 2 June 1899	los 6	GE (In years 1. t birthday) O yrs.	Months Doys	IF UNDER 24 HR Hours Min.
	ON (Give kind of work done 10b. rking life, even if refired) Represenative		CO	ork Cit	У	U.S.A	WHAT COUNTR
15. WAS DECEASED EV	(If yes, give war or, dates of service)		Prances Lil	lian Fe	Addres igel	same a	s #2
Conditions, if a gove rise to cause (o), stoting lying couse lost.	immediate the under- (c)	ngutins /f	noma J Ly	les Jun	7	ÖNSI	met and death
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING COUDITIONS OF CAUSE OF DEATH CAUSE OF DEATH COUDER OF DEATH COUD	CONTRIBUTING TO DEATH BUT				N IN PART I(a) 19	P. WAS AUTOPS PERFORMED? YES NO [
20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Doy, Year 20d. I While at wor	Nat while fo	ACE OF INJURY (Hame, form ctory, street, office bldg., etc.	, 20f. (City or to	wn)	(County)	(Stat
21. I certify to alive an Actual signature PHYSICIAN'S NAME (Type)	hat I attended the decease Tranch , 196 My Aulet T. M. Huteh		maccurred at 8 4 M.D. 7315 Fa		causes and		
220. BURIAL, CREMATIC	3/15/60	22c. NAME OF CEMETERY CO. Ft. Lincoli	n Crematory		e Geor		(State)
23. FUNERAL DIRECTOR	8 H Hins &	7 2901-19	addition .	by registrar		M S. Kruns	

TO MESPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the detectioned by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pot the registrar prior to burial, cremation, or remayal, and in any event within 72 harfs after death.

VS A15 (4) 15M 9/58

ALICE TO A STATE OF THE STATE O Deliver to The second of th AND LEADING THE RESIDENCE OF THE PARTY OF TH

3758

CERTIFICATE OF DEATH

03647

	0.00				Reg. Dist.	No.
1. PLACE OF DEATH	0		A STATE		. If institution: Residence I	before admission)
PrIN	ce George	MARYLAND	MAY	4 land	PriNC	e George
	utside corporate limits, write	c. LENGTH OF STAY IN 11	c. CITY OR TOWN	Til outside corporate lin	mits, write RURAL and give	nearest town)
SUIT AND		184RS.	HOSUIT/an	d Md		
d. NAME OF HOSPITAL	(If nat in hospital, give street	address)	d. STREET ADDRESS	0 ///		e. IS RESIDENCE
or Institution 4733 Had	many Ava	suilland ma	1 4733 +	11	AVE.	ON A FARM? YES NO DO
- Court	ner mrc.	שווו בשימוזועב		Flomer	117 C.	I IES [] NO [V]
3. NAME OF DECEASED (Type or print)	eodora_	North	Filly	4. DATE OF DEATH	MARKEN	29 1960
5. SEX 6.	COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH			EAR IF UNDER 24 HRS
Female 1	Nhite WIDOW	ED DIVORCED	Oct 2 1	1074 8	birthday) Months Do	ys Hours Min.
IOa. USUAL OCCUPATION	(Give kind of work done 10b.	KIND OF BUSINESS OR IN	OUSTRY 11. BIRTHPLACE (SI	tote or foreign country)	12. CITIZE	N OF WHAT COUNTE
during most of working		Ay Horna	- 111:00	1.11	71	C 1
HOUSEWI	40	11/1/01/0	14. MOTHER'S MAIDE	NIdo	a.	S.H.
	1 17 1	11	MASI	IN INAME	then -	1
dosept	1 13. NOr	71	MINKY	LEON	MAKE	
(Yes no. or unknown) ((If ye	N U. S. ARMED FORCES? 16.	1/ /-	. INFORMANT	-	Address 473	3 Homer,
NO	NONE	NONE	MOTTISON	De Arm	and Sui	Hand m
18. CAUSE OF DEATH	[Enter only one couse per li	ne far (a), (b), and (c).1				INTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY: A M	ILE MECE.	topia Ille	ambacia		ONSET AND DEATH
1/20 IM	MEDIATE CAUSE (0) ACC	TIP LIESEN	taric thr	um bosis-	MASSIVE	12-72 HA
400,0	DUE TO	1 1. 1	1 . 1 1		1, Hypertensi	ON
Conditions, if ony,		Standing An	teriosciero!	IC HEART O	ISEASE E	MANY YEAR
gove rise to imm couse (o), stating the		. 1. 0				, ,
lying couse lost.	(c) Em	bolism trom	Atrial t	ha om bus		
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEASE CON	DITION GIVEN IN PART 1	a) 19. WAS AUTOPSY
A+A	0.21 F.L.	11-1 -				PERFORMED?
200 ACCIDENT WAS I	INDERLYING TO 20% DEC	CRIBE HOW INJURY OCCUR	PED (Fotos potuse of inium)	in Part I or Part II of	item IR)	I IES [] NO A
PART II. OTHER PART II. OTHER 200. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEI	CAUSE OF DEATH DICAL EXAMINER)	CKIBE HOW INJURY OCCUR	KED. (Enter noture of injury	m ran i or ran ii or	nem 15.)	
20c. TIME OF INJURY Hour o. m. p. m.			PLACE OF INJURY (Home, I	form, 20f. (City ar tov	wn) (Cou	nty) (State
Hour o.m.	19 While of wor	Nat while	factory, street, affice bldg.,	erc.)		
			60	MAR 20		
Anna	1 attended the deceas		, 19.47, to	THE 27	, 19.60, that I las	t saw the decease
alive on InAR.	28 , 19	o, and that dec	th occurred at 7	A.M. fram the	causes and an the	date stated abar
1	1112	1	3-27	ADDRESS (Street, c	ity or town, state)	DATE SIGN
SIGNATURE	WD.	eer M.D	_ M.D. /200 m	variboro	- Vike Wo	18, D
					, , , , , , , , , , , , , , , , , , , ,	3/20/1
PHYSICIAN'S WA	HER B. 5	HEER MIL)			2/29/60
220. BLARIAL, CREMATION,		22c. NAME OF CEMETERY	OR CREMATORY	224 LOCATION I	City, fown, or county)	(0.6)
My OVAb (Spegify)	4/1/1960	AR LINGTO	11/	Aso/	INSTANTAL	1
- Curcine	1/1/-	77702		MAC	100	11 11
23. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	240. R	REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNA	ATURE
w.w. CHA	HIBERS CV-	011-11-2	736. DATE	ME 31 '50	Landard &	Times
		WASH.	20,			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital an attending physician.

INDERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fired with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after define. VS A15 (4) 1SM 9/SS

	PITASU PO STA	w	
The state of the state of the state of			
Will all the British of State of State of State of		The same of the same of the	
			The state of the s
	THE STATE OF THE S		
	A Comment		
			A CAUSE OF SHARE OF THE SAME
inter years 5 second trans	Wataskansi		
tod	Wataskansi		
on year 5 report to	Wataskansi	and the last of th	
			nterioring (april virgio 1917) Section (april virgio 1917)
			nester in land visite last

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3736

03648

Reg. Dist. No.

M	o. COUNTY	Prince G	eorges	MARYL	AND	2. USUAL RESIDENCE o. STATE Mary		ned lived. If institution b. COUNT	N -	efore odmission)
	b. CITY OR TOWN	Ilf outside corporate limits, write		c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN		porote limits, write		
				12 days		10	rsity F			
			If not in hosp		1	Ad. STREET ADDRESS		al. K		e. IS RESIDENCE
076								lle Road		ON A FARM?
				Middle		Lost	4. DATE	Mont	th Do	
	-DECEASED			E.		Fisher	OF DEATH	Mar		19 60
			7. MARRIE			DATE OF BIRTH		9. AGE (In years	IFUNDER TYEA	
			WIDOWED		_	1-10-85		lost birthday)	Months Days	Hours Min.
				Janes L			te or foreign	(5 yrs.	12 CITIZEN	OF WHAT COUNTRY?
	during most of wark	ing life, even if retired)						,,		
						Michig			_ 1 U	SA
- 1		on Homeld						. T		
			PCFS2 114 S	OCIAL SECURITY NO.	17 64	FORMANT	ia Keac	Jones		
	Yes, no, or unknown			OCIAL SECORITI NO.						
		r				lospital Rec	cords;	Leland M		
						1 0 12			INT ON	TERVAL BETWEEN
	PART I. DE	IMMEDIATE CAUSE (a)		congestive b	near	rt failure				
./	904	DUE TO								
*			F.	racture of	rig	ht hip with	n hip n	nailing o	peration	•
3551										
100.00	cause last.) (c)								
1	PART II. OT	THER SIGNIFICANT CON	DITIONS COI	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TER	MINALDISEAS	SE CONDITION GIV	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
	3				7.0					YES NO I
	PRIMARY OF CO	NUSE WAS 20	b. DESCRIBE	HOW INJURY OCCURR	RED. (E	nter nature of injury in P	art 1 ar Part II	l af item 18.)		
F-1	-			all in home						
	20c. TIME OF INJU		r 20d. If		PLAC	E OF INJURY (Home, for ry, street, office bldg., e	rm, 20f. (Cit	y or town)	(County)	(Stote)
16	× 1,00,0	2 7 10	60 of wor	k of work		Home		iversity	Park P	r. Geo. M
	21. I certify	hat I taak charge	of the re	emains described	abov	ve, held an Autap	osy 🔲, I	nspection 📆	, Inquiry T	, and find that
	death resulte	d fram: Natural	causes [, Accident ,	Suic	ide [], Homicio	de [], U	Indetermined	cause [].	
	(1 / -	NAN	1						
	ACTUAL	Am)	Ma	laner		M.D. CHIEF MEDICAL	EXAMINER [3		DATE SIGNED
ol	1					ASSISTANT MEDI	ICAL EXAMIN	ER 🔲		
	b. CITY OR TOWN If outside corporate limits, write RURAL ond give neorest town) Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in Leland Memorial Hospit) 3. NAME OF First DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MA Female White WIDO 10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) NONE 13. FATHER'S NAME JOE Harold 15. WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or dotes of service) NO 18. CAUSE OF DEATH [Enter only one cause per 1 FART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS 20a. EXTERNAL CAUSE WAS PRIMARY-D or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year Advanced by the Underlying CAUSE OF DEATH. 21. I certify that I taak charge of the death resulted fram: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) John T. M Lone		lonev.	MaDa (DEPUTY MEDICA	L EXAMINER	Man Man	rch 1/1.	1.960
	220. BURIAL, CREMATI	ON. 226. DATE THEREO	F	22c. NAME OF CEMETER	RY OR	CREMATORY	22d. LOC/	TION (City, town,		(State)
1	ransporta	ion 3/16/6	0	Orlando				Florida		
11 1	23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		24a. RE	C'D BY REGIS	TRAR 24b. REGI	ISTRAR'S SIGNATI	
	F. Gas	sch's Sons	Hyat	tsville, M	id.	DANA	R 1 7 '60	an	hun S. Krass	A

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please expected to the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to buriol, cremation,

VS. A15ME(5) 5M 9/55

or removol.

	CHETIFICATE OF DE			
	On The Park	and representation of		
10 H C + C			The second secon	
			Enjoyed T	
	A STATE OF THE STA		Carlo November 15 min of 16 min	
	A STATE OF BUSINESS	real r		
	Allowed Company of the Company of th			
A SECTION OF THE PARTY OF THE P		Applement solver them		
	great \ mag		and the same	
	THE RESERVE OF THE PARTY OF THE		THE RESERVE OF THE PERSON OF	
	navidate.			
	The state of the s			CALA
	A - Highest Artists		The last the	
		OF THE PROPERTY OF THE PARTY OF		
ANCES OF A STREET				,
. The state of the	ician gir dvir cinita			
	The second second second second			
		To state the same		
		2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
			en de la rote test i mai quinte à	
	with mericon T. Ustani			
		S ASSESSED.		
	Care of Care I ville			
			COLUMN TO THE REAL PROPERTY.	
C 6 15'I		4 . 6		
	Allenda in artist and	. BEAGE OF SHE	New years of a place of	

ithin 24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3683 **CERTIFICATE OF DEATH** 03649

						кед	DIST. NO.	
1. PLACE OF DEATH		3 / 125		2. USUAL RESIDENCE (WI		If institution: Res	idence before	admission)
	Georges C	ounty	MARYLAND	Mary.			Prince	Georges
b. CITY OR TOWN (I RURAL and give no	f outside corporate lim	its, write c. LEI	NGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corporate lim	nits, write RURAL o	and give neare	est town)
Cheverly			4 days	W. Lanhi	n m			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,	give street addres:	s)	d. STREET ADDRESS			1	IS RESIDENCE ON A FARM?
Prince G	eorges Gen	eral Hos	pital	7714	Frederic	c Rd		YES NO
3. NAME OF DECEASED (Type or print)		rst	Middle	Last	4. DATE OF DEATH	Month	Day	Yeor
	Will	refre Striketisk	Charles	Fletcher		March		19 6(FUNDER 24 HRS.
5. SEX	6. COLOR OR RACE	/· MARRIED	NEVER MARRIED	B. DATE OF BIRTH	y. AGI	birthdoy) IF UN	. 1	Hours Min.
Male	White	WIDOWED	DIVORCED	12/22/86		73 yrs.	30,1	
100. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b. KIND	OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (Stote	or foreign country)	12.	CITIZEN OF V	VHAT COUNTRY?
Jan.	at Drus	roj.		Winere	olls /No	me	Ve	0,11,
13. FATHER'S NAME	9,00	1 1		14. MOTHER'S MAIDEN I	NAME O	1		
Charle	2 Tlet	ever		Sara	h Co	won		
	R IN U. S. ARMED FOR		L SECURITY NO.	INFORMANT DO	ak 107	Address	77145	rederick
100	(11 yes, give war or doles or	574	-22-0400	2 1000	TIME THE	was M	Sans	hamans
18. CAUSE OF DEA	TH [Enter only one co	ouse per line for I	(o), (b), and (c).1				INTER	VAL BETWEEN
	TH WAS CAUSED BY:	Mu	2001 200	listation	do		ONSE	T AND DEATH
110	IMMEDIATE CAUSE (o carcarac	r crojanco.			4	aays
420	DUE TO	0.1	5 - 0 1	160	2,00			
Conditions, if o		of Och	enaug	amoms	0217			
gove rise to in			7	0				
lying couse lost.			como?	Clebbio				
PART II. OTH	IER SIGNIFICANT CON	NDITIONS CONTR	BUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN	PART 1(o) 19.	WAS AUTOPSY
PART II. OTH								PERFORMED?
	S UNDERLYING []	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of i	tem 18.)		
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)							
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ear 20d. INJURY		PLACE OF INJURY (Home, form		n)	(County)	(Stote)
Hour o.m.	19		Not while	foctory, street, office bldg., etc	:-)			
				1 /0 -				
	at lattended the	/ -			ar. 17			
alive an Mar	• 1(1999	_, and that dea	th accurred at 9:30	PM, fram the c	auses and an	the date s	
	. 11	M		1216	ADDRESS (Street, ci	ty or town stote)		DATE SIGNED
SIGNATURE	Tired D	1 Cle	ceruca	40 6311 to	ello lu	-/Clu	erdal	1 3/10/
		Arm o					77	a
PHYSICIAN'S NAME (Type)	AULD S.	CLAV	WAIN					
220. BURIAL, CREMATIO	N. 22b. DATE THERE	OF In-	NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (ity town or com	ntu) / ^	(State)
REMOVAL (Specify)	2-91	-68 0	DAME OF CEMETERY	- Company	Wind	uster	Inan	(Sipie)
Survay	0 21	(3)	BOOTE	Correcting		7,1	1	
23. FUNERAL DIRECTOR	S SIGNATURE	(30 Q)	ADDRESS	240. REC	MAR 21 '60	24b. REGISTRAR'		
UVIVI I COM		. So UU		DATE	maut F 1 00	arth	us S. the	MA

oy be retained by the haspital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, by the funeral director, and 2 should be filed with I.D. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute VS A1S (4) 1SM 9/SB

the registrar priar ta burial, crematian, or removal, and in any event within 72 haurs after death

d

ことは多い。「日本の保存的とのでは多数を mental. reduced a service of the Parties of the Control of the Co The same of the sa THE SOME IN THE WAY OF THE SELECT OF THE SELECT SERVICE SELECT SERVICE SELECT SERVICE SERVICE

VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3759

CERTIFICATE OF DEATH

03650

1									
1	PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceosed I	ived. If institution b. COUNTY	Residence before	e admission)		
1	Prince George	S	D. C.						
	 CITY OR TOWN (If outside corporole limits, v RURAL and give neorest tawn) 	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Glenn Dale (rural)	18 days	W	Washington $47x-3$					
	d. NAME OF HOSPITAL (If not in hospitat, give		d. STREET ADDRE	SS			N A FARM?		
1	OR INSTITUTION Glenn Dale	Vocani tol	2	610 K. St	NY T.T		YES NO		
12	. NAME OF First	Middle		4. DATE		2			
13	DECEASED		Lost	OF	Month	Day			
L	(Type or print) Cleot		Floyd	DEATH	3	22	19 60		
5	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9		Months Doys	Hours Min.		
	Male Colored W	DIVORCED [year 1892	2 ?	68 ? yrs.	- COYS	min.		
Ī	Oa. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State or foreign cou	ntry)	12. CITIZEN OF	WHAT COUNTRY?		
4	during most of working life, even if retired)	Unknown	· M., 7.7.4	ns, S. C.		TICA	aries,		
h	Unknown 3. FATHER'S NAME	OHRHOWII	14. MOTHER'S MAIL			USA			
-	Sandy Floyd	0.1	Virgi	nia ?	A 11				
ľ	5. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes. no, or unknown) (If yes, give war or dates of service)	•}	INFORMANT		915	Willow R	2d		
L	Unknown -	Unknown	Lizzie Carr	(sister)	Gree		N.C.		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]								
Н	PART I. DEATH WAS CAUSED BY:	Subacute	monografia la	usleomi o		ONSI	5 months		
Г	IMMEDIATE CAUSE (o) DUE TO	Dubacute	monogy tre Te	ukenta) IIIOITUIIS		
П	204100								
1	Conditions, if ony, which gove rise to immediate (b)								
ı	couse (o), stoting the under-								
Н	lying couse lost. (c)								
1	PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IONS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVE	N IN PART 1(0) 15	PERFORMED?		
	\$						YES NO		
	200. ACCIDENT WAS UNDERLYING 201	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of inju	ry in Port I or Port I	l of item 18.)				
100	OR CONTRIBUTING CAUSE OF DEATH								
		20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home	, form, 20f. (City o	r town)	(County)	(Stote)		
13	Hour o. m.	While Not while	foctory, street, office bldg	., etc.)	. 10411)	(Coomy)	(3,0,0)		
1		ot work O ot work							
П	21. I certify that I attended the de	eceased fram3/1	, 1960 , ta	3/22	1960,1	hat I last saw	the deceased		
L	alive an 1 3/22	19_60_, and that dea							
		•			et, city or town, s		DATE SIGNED		
L	ACTUAL WITH MY	111		7 7 7	**		2/00//0		
1	SIGNATURE	CVL	M.DG	lenn Dale	Hospita	1	3/22/60_		
L	PHYSICIAN'S Moe Weiss,	M.D.	0=		20				
L	NAME (Type) 1200 WC1553	11. 0.	<u>G1</u>	enn Dale,	_Md				
2	20. BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	ON (City, town, or	county)	(Stote)		
	3/23/60	?		Gree	nsboro,	North (Carolina		
2	3. FUNERAL DIRECTOR'S SIGNATURE	/ ADDRESS	240.	REC'D BY REGISTR		RAR'S SIGNATUR	RE		
		/ /	11 .	BARD O DICO	(1)	un & Tracks			

		SCI EMILIANA			
				2759	
	. (0)			en d'es	
			201		
	• • •				
		A SEP	Per .		
en ou en					
			To the state of		200
					1-10 Th
	And the second	a mientes		~	light many
	- trooper	C			
		,			
	*\\				
	a feet position		A	3 1 1 1 2 1	
				ARCHIVES !	
*					

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the thereof director. Page 4 should be awarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files. FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	
pleo 4 she	1
Poge burio	
is nec ector.	
delay ol dir or files trar pi	
ony you you	
本を表	
death. 3 to etoine with	
2, ond be r	
ours o	(
Page Poge	
Give M3.	
m 18.	
in He	
encil ong v	
in price of	
ding. s Offi	
pen pen niner	
word word Exon	
MINE a the edicol	
EXA ief M R: Po	
sole, he Ch	
ertific d to t	
JTY dec	~
4 = 02	or remayor

VS. A15ME(5) 5M 9/55

MA	RYLAND	STATE	DEPARTME	NT OF	HEALTH-	-BALTIMORE	, 18
3726	MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	

Reg.	Dist.	CONO.	j	f	-
		-	_	_	_

).	PLACE OF DEATH o. COUNTY	Prince Geo	orges	MARYLAND	o. STATE	E (Where decear	b. COUNT		Geo.	nission)		
	b. CITY OR TOWN (If and give negrest town)	outside corporate limits, write ar Manor	RURAL	c. LENGTH OF STAY IN 1b transient	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HO Bladensburg							
		at or institution (spitol, give street oddress)	d. STREET ADDRES	SS	Street		ON	RESIDENCE A FARM?		
3.	NAME OF DECEASED	Fir	sf:	Middle	Last	4. DATE OF	Mont	h (ay	Year		
-	(Type or print)	Maxine		Lorrayne	Gibson	DEATH	March	3(19 60		
	sex Female	6. COLOR OR RACE	7- MARRI WIDOWE	D DIVORCED D	DATE OF BIRTH	7	9. AGE (In years lost birthday) 32 yrs.	Months Day		Min.		
10		g life, even if refired)	- 1	Refrigeration	RY 11. BIRTHPLACE (S W. Vir		country)		OF WHAT	COUNTRY		
	. FATHER'S NAME				14. MOTHER'S MAIDE	0						
	Guy	Adams				V						
	. WAS DECEASED EVE		service)		FORMANT James Huber	t Gibson	Address n; same a		as #	2.		
	PART I. DEAT	H (Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (o)		for (o), (b), ond (c).] Hemorrhage	and shock				NTERVAL BETWO	ZEEN LATH		
	Conditions, if an gove rise to immed (o), stoting the u couse lost.	iote cause		Gunshot wo	und of head							
CERTIFICATION	PART II. OTH		DITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GIV	EN IN PART)(19. WAS PERFO YES [AUTOPSY DRMED?		
1			Sho	t in the head l	by another	person	with a .:	32 cal.	bulle	et		
MEDICAL	8.00 p.m.	Y Month, Day, Yea 3-30-609			CE OF INJURY (Home, bry, street, office bldg., Legion Ho		or town) lmar Mand	(County)	Geo.	(State) Md.		
	21. I certify th	at I took charge	of the	remains described abo	ve, held an Auto	psy , Ir	rspection XX.	Inquiry]	C. and	find that		
	death resulted	from: Natural	causes [, Accident , Sui			ndetermined o	cause .	DATE	SIGNED		
	SIGNATURE	ome	TVIC	aloney	_M.D.	L EXAMINER						
		ohn T. Mal		M.D.	DEPUTY MEDIC	CAL EXAMINER	_	ril l,	1960			
22	o. BURIAL CREMATION REMOVAL (Specify) BUF121	Apr 4,		22c. NAME OF CEMETERY OR Arlington N			TION (City, town, on the last on Va		(Stol	le)		
23	F. Gasc	SIGNATURE h's Sons	Hyat	ADDRESS tsville Md.	24a. R DATE	APR 6	200	STRAR'S SIGNA				

STREET SCHOOL SELECT asid moning a " The market seems to see the seems of the est-Mightin Man 42 haranta Maryens . In No. 4 Holes to transmission of the contract . On Pri Tolla Canifol Tollar is the the state of the s The control of the start Themps of I partie I have been deather and better again D'S HIRINGACT INSHITEM, WILLIAM . AV BUT DESCRIPTION OF THE PROPERTY AND THE PARTY OF THE THE STATE OF THE PARTY OF THE P

retained

			9898			
					and i	
				19/706-1-0	Signal .	
		402229				
		10 HT 12				
		10 p				
		and the second	- 54			
				17.1		
			9 HE		12.35	

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 52 3685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. STATE b. COUNTY								
1-	Prince George s MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Prince George c. CIJY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)								
_	write RURAL and give neerest town) Cheverny d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d sireet appress leasant								
1	Prince George's General Hospital	/ 6600 Walker Mill Road VES NO X								
3.	NAME OF First Middle	Last 4. DATE Month Day Year								
	(Type or print) James Courtney G	ray DEATH March 27, 19 60								
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.								
		July 19, 1881 78 yrs. Months 3075 10075 110075								
d	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U. S. A.									
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	Unknown	Unknown								
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1									
1	1211 22-2	Mrs Edith Gray, same as # 2								
+	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: A CLITE CONCER	tive heart failure INTERVAL BETWEEN ONSET AND DEATH								
	MANUAL CAUSE (a)	orve mear o rarrare								
	Conditions, if any, which to Cardiovascul	ar renal disease								
	geve rise to immediate cause									
	(a), steting the underlying cause lest. (c)									
) g		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
15	Diabetes Mellitis	YES NO								
CERTIFICATION	208. EXTERNAL CAUSE WAS PRIMARY OF OCCURED. (I CAUSE OF DEATH.	Enter neture of injury in Part 1 or Part II of item 18.)								
MEDICAL	20c. TIME OF tNJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLA Hour a.m. While Not While fact at work et work	CE OF INJURY (Home, farm, orry, street, office bldg., etc.) (City or town) (County) (State)								
	21. I certify that I took charge of the remains described above, he	old an Autopsy . Inspection . Inquiry . and in my opinion								
	death resulted from: Natural causes X, Accident , Suic									
	ACTUAL A A	CHIEF MEDICAL EXAMINER								
	SIGNATURE J. JOH	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED								
	NAME (Type) Tomog T Posso	Address (Sireet, city, town, or county) March 28, 1960								
22										
21	REMOVAL (Specify) Burial March 31,1960 Epithany 0									
	REMOVAL (Specify)	emetery Forestville Maryland.								

AND THE PROPERTY AS A PROPERTY OF THE PROPERTY frage of the factor of the transfer of the state of the s melt to the first water with the first transfer at any ord more than thought a series green and to come a contra The state of the second second

please exe-	cremation,
or. Page 4	r to burial,
y delay is peral direct your files.	gistrar prio
3 to the	with the re
ours after des 1, 2, and 5 may be re	ges I and 2
Give Page M3. Page	iit. File po
in Item 18.	fransit perm
in pencil	as a burial-
d 'pending	d be used
AMINER: Ting the ware	Page 3 shau
ificate, writ a the Chief	DIRECTOR:
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please executed the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the certification. Page 4 should be received to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files.	or removal.
VS. A15W	IE(S)

SM 9/55

M

L		0000							Reg.	Dist. No	ð.	
T	o. COUNTY INCE	George's		MARY		o. STATE Maryla		ed lived. If Institu b. COUNT				
		autside corporate limits, write	RURAL	c. LENGTH OF STAY I		c. CITY OR TOWN (III		orale limits, write	RURAL	ond give r	nearest to	wn)
	d. NAME OF HOSPITA Prince George			nospital, give street oddress Iospital		d. STREET ADDRESS Van Dusen	Road				ON	RESIDENCE A FARM?
200	3. NAME OF DECEASED (Type or print)	RUTH		LFREDA Middle	GRA	Lost Y.	4. DATE OF DEATH	March Month	h	24		Year 19 60
47	s. sex Female	6. COLOR OR RACE Colored	7. MAR	RIED NEVER MARRIED VED DIVORCED [20	ATE OF BIRTH D Aug 1954		9. AGE (In years 5 birthday) yrs.	Months Months	_	Hours	Min.
1	Oa. USUAL OCCUPATION Workin None	ON (Give kind of wark of life, even if retired)	done 10b	None	INDUSTRY	11. BIRTHPLACE (Slote Maryland		ountry)		S.	A.	COUNTRY?
	John A. C				14	Ruth A. Ad						
1	15. WAS DECEASED EVI	ER IN U. S. ARMED FO (If yes, give war or dates of NO	service)	6. SOCIAL SECURITY NO. None	Johr		Father	Address) Same		2		
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which liote cause onderlying DUE TO (c)	21	Shock 3rd and						ONS	RYAL BETW	АТН
	S S			CONTRIBUTING TO DEATH					EN IN P			NO A
	20g. EXTERNAL CAL PRIMARY D or CON CAUSE OF DEATH.		Clo	thing caught	fire	at burning	g tras	h pile.				
20000	20c. TIME OF INJUS 3.45 p. m.	3-23- 19	60 W	I. INJURY OCCURRED 20 hile Not while work of work	foctory,	street, office bldg., etc	Con		• Ge	County)	M	(Stote)
	deoth resulted	from: Natural	couses AN a	Accident ,	Suicid	LE, Homicide	XAMINER C]. T		find that
list.	NAME (Type) 20. BURIAL, CREMATIO REMOVAL (Specify)	ohn T. Mal		22c. NAME OF CEMETE	RY OR CR	DEPUTY MEDICAL		TION (City, town,	or county	Ma'	(Stol	(0)
2	3. FUNERAL DIRECTOR	SIGNATURE LA DUNNE	len	ADDRESS	90.	1, 11	D BY REGISTI			SIGNATU		

ALTERNATION TO THE DEPARTMENT OF HEALTH-BALTIMORE, TO

the logic in the court of the c			
00000			
A STATE OF THE STA		Stelling about 3125	gradii 30 17
		Dranker Committee	S LETS R
SURSYSMICE OF THE STREET, S. S. S.			Bill
The extension of the second of		CAN BELLEVIA	
			20.1.850
THE RESERVE OF THE PARTY OF THE			
and the second s			
. I deligh o los in the		m[]m[
the second refraction of the property of some		The bedray to be the	No. of the St. Of
		LANGE	
	M. T. S.		
to reason to the relieva			

VS. A15ME(5) 5M 9/55 M

03654

Reg. Dist. No.

PLACE OF DEATH . COUNTYPrin	ce Georg	e's	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Prince George							
b. CITY OR TOWN (It and give neares) town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Brandw			Tead on arr	iral X Brar	ndvwine						
d. NAME OF HOSPITA		f not in ho	spital, give street oddress)	d. STREET ADDRESS		10		ON	SIDENCE A FARM?		
3. NAME OF	Fin		Middle	Il Route #	3 Bo	Month	0				
(Type or print)	Jame	S		Green	OF DEATH	arch	7 Pag		9 60		
Male Male	White	7. MARR	-	B. DATE OF BIRTH February	7 8/09 lost b	who do a	Aonths Days	Hours Hours	Min.		
10a. USUAL OCCUPATIO during most of working Me cha	g life, even if retired)	-	kind of Business or indus	TRY 11. BIRTHPLACE (State		Legis I	12. CITIZEN C	S . A .	COUNTRY?		
13. FATHER'S NAME		1 23	.d. vomo oz ze	14. MOTHER'S MAIDEN N			0.1	O 4 17 4			
Sam	Green			Betty		7.8					
15. WAS DECEASED EVE		RCES? 16	SOCIAL SECURITY NO. 17.	NFORMANT	OIITIE	Address					
(Yes, no, or unknown)	(If yes, give war or dates of :				reen, sa	me as	# 2				
PART I. DEAT	iote cause			Thrombosis	lisease		ÖN	ERVAL BETWI	ТН		
CATIC			ONTRIBUTING TO DEATH BUT				I IN PART 1(a)	19. WAS A PERFO	NO [
PRIMARY Or CON CAUSE OF DEATH.	TRIBUTING []	,-C.	Comment								
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	Whil	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form tory, street, office bidg., etc.	20f. (City or tow	1)	(County)		(State)		
	at I took charge from: Natural Carella James I.		Porp	icide , Homicide	Undeter	mined ca		DATES	IGNED		
22a. BURIAL, CREMATION REMOVAL (Specify) burial			22c. NAME OF CEMETERY OF		22d. LOCATION (C		1000	(State	1)		
23. FUNERAL DIRECTOR'S	7 54 40	Wa	Trinity Memor ADDRESS ldorf, Md.	240, REC'I	Waldor AR 9 GISTRAR		AR'S SIGNATU	IRE			

PRESTITION OF DEATH			
	and the second		
			and to star a s
	THE SHARE WAS AND ASSESSMENT		
Television and a second second			
The state of the s			
AND DESCRIPTION OF THE PARTY.			
Fighted amount to	mona ribilità		
	Trop In	e and the same of	

haurs after death. the deoth certificate y be retained by the UNERAL DIRECTOR: shauld

220. BURIAY CREMATION, 22b. DATE THEREOF REMOVAL (Specify)
Cremation 4/6/60

INTERADDIRECTOR'S SIGNATURE

Cheverly 24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

1.4842

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

(Stote)

(County)

YES NO

Yeor

160

Min.

21

ince George's General Hospital. Harry W Penn, Jr.,

22C. NAME OF CEMETERY OR CREMATORY

dministrator.

DATE APR 1 1 '60

Orthur S. Krake

M Desiral sime.

- Alteral Test avel

the state of the same of the same of

the second less seem in the second and the second second to the second s

CERTIFICATE OF DEATH

03655

E)	(%)			3	101		C		CA	
with			PLACE OF DEATH							2.
l director filed with		(PRI	NCE	GEORG	ES		MARYL	AND	
be f	1		CITY OR TOWN (RURAL ond give r EST HYAT	If outside of the corest town)	ts, write	c. LENGTH	OF STAY II	N 16	60
the fun shauld		-	d. NAME OF HOSPI			give street o	oddress)			1
3 2 d	X		OR INSTITUTION	5701	- 33r	d. A	VENUE	8		
0-		3.	NAME OF DECEASED		Fir	rst		Middle		
Pages r death.			(Type or print)		WILI	1		L		GR
Page 7	34.7	S. S	SEX	6. COLO	R OR RACE	7. MARR	IED 🔀 NEVI		_	B. D
plet offe	-	_	ale	Whi		WIDOWE		DIVORCED		5
and camplet ban papers. 72 bours afte	1)	10a	CITETIES OF	ON (Give k	mented	done 10b.	RIND OF BU Belgi	isiness or im	INDU:	STRY
		_	FATHER'S NAME	Temp	le Gr	eens	tree	t		1
physician remave car rent, within		15.	WAS DECEASED EV	ER IN U. S.		CES? 16.			17,1	NFOI an
e re	6600			(/ 8					7.4	CL11
attending please re in any eve			18. CAUSE OF DE			use per lir	ne for (o), (b)), ond (c).]		
			PART I. DE	ATH WAS (CAUSED BY: TE CAUSE (o	He	pake	et	an	e.
The			163	3×	DUE TO					
d by mit.			Conditions, if			1 62	ener	ely	d	
igned b			gove rise to couse (o), stoting		DIE TO	R		0		
een sig ansit			lying couse lost.) (c	1 (0	ucu	com	0_	0
al-tr	0	CATION	PART II. OT	HER SIGNI	FICANT CON	iditions <u>c</u>	CONTRIBUTION	IG TO DEA	<u>rh</u> But	NÓ
ficate he the buri		CERTIF	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	G CAUSI	OF DEATH	20b. DESC	CRIBE HOW	INJURY OC	CURRE	D. (E
as arti		CAL	20c. TIME OF INJU	RY Month	Doy, Ye	or 20d. IN	NJURY OCCU	RRED 2	20e. PL	ACE
his use		MEDICAL	Hour o.m. p.m.		19	While of world	Not wh		fo	ctory
After ted far			21. I certify the	at (I) (th	is haspita	l) attend	led the de	eceased f	ram	
4 4 4 F			saw the deced	sed aliv	e an3	3/10	196	O, and I	that c	dea
TOR: detac Healt			220. SIGNATURE	. ,	1	1				
0 U 0 4	1		-/	land	m.	Tr	34	h.		M.D
AL DIRE	-		22c. PHYSICIAN'S NAME (Type)				00			
0 0 m			Frank	M. 1	rozzo	o, J1	r.			
Stat		23a	BURIAL, CREMATIC		ATE THERE	OF C		OF CEME		
Page the St			BUPTAL Specify		/14/6	00	F't.	Line		
1	75	2/1	he S H.	Hine	S Co.	270	ADDAG		_	N.
A15 (4)	12	-				Was	shing	LOII	9.	D.

_		0.1										
. P	LACE OF DEATH	NCE GEORGE	ES	MARYLANI	0	. STATE	ence (Whe		d lived. If insti b. COUN	ITV		dmission) Georges
	RURAL and give ned	outside corporate limits, prest town)	write c. LENC	GTH OF STAY IN 11	11///	city or t			rote limits, writ	e RURAL one	d give nearest	town)
C		L (If not in hospitol, give 5701-33rd		(UE)	1 5	STREET A	33rd	Aver	nue		(RESIDENCE ON A FARM?
	NAME OF DECEASED Type or print)	First WILL		Middle		Losi EENST		4. DATE OF DEATH	'	Month 3	Doy	Year 1960
VI a	ale	11 (77 00	VIDOWED 🗌	DIVORCED [51	15 OF BIRTH	6			y) Months	Doys Ho	UNDER 24 HRS. Durs Min.
(Cierk of 84	N (Give kind of work do	106. KIND OF	ium		Vir	ginia	a	ountry)		.S.A.	HAT COUNTRY?
V		Temple Gre					knowi					
S. Yes.		IN U. S. ARMED FORCE f yes, give wor or dates of serv		SECURITY NO. 17	Nani	nie B	. Gre	eenst	reet '	Same	as #	2
z	PART I. DEAT 163 Conditions, if on gove rise to im couse (o), stoling to lying couse lost.	he under- DUE TO (c)_	Gene Caro	he Fa valza uroma	- 01	Parce the	· Lu	enge	Constition .	CIVEN IN D	ONSET 3	MAC ALITORSY
CATIO		ER SIGNIFICANT CONDI	-			RELATED TO			E CONDITION	17.1-2	P	ERFORMED?
WEDICAL CEKIN	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH	20d. INJURY O	OCCURRED 20e.	PLACE C	OF INJURY (I street, office	Home, farm,	20f. (City	t II of item IB.,		(County)	(Stote)
	21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	(I) (this haspital) ed alive an 3 M. Trozzo	attended the			ATTENDING PHYS. 22d. ADDRE	at 635 ME DIR	M, fram				(1) (we) last ated above. 22b. DATE SIGNED 11 / 60,
	burial burial	3/14/60	Ft	AME OF CEMETERY Linco	ln	Cemet	ery	23d. LOCA Prin		or county	, Md.	(State)
T	he S.H.	Hines Co.	, ,,,	ngton 9,		-	DATE	BT REGIS		Inthun 1		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 SET TO HOSPITAL OR ATTENDING PHYSICIAN.

BUT AND DESCRIPTION OF THE PROPERTY OF THE PRO Section 10 to the section of the sec in a little and the self-in con The con

CERTIFICAT

MEDICAL

REMOVAL (Specify)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TIFICATE OF DEATH

03656

(Stote)

(Stote)

3762	2		CER				
1. PLACE OF DEATH o. COUNTY PRINCE GEORGES		N					
b. CITY OR TOWN (If outside corporate line RURAL and give nearest town) ANDREMS AIR FORCE	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANDREWS AIR FORCE BASE						
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street	oddress)				

Reg. Dist. No.

o. COUNTY PRINCE G	EUDGEG	MARYLA	ND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) OSTATE DISTRICT OF COLUMBIA							
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, wri		1ь	c. CITY OR TOWN (IF C	outside carpo		RAL ond give i	nearest tow	√n) 3		
d. NAME OF HOSPIT OR INSTITUTION	FAL (If not in hospital, give str PITAL ANDREWS			d. street address 219-12th St, NE e. IS RESIDENCE ON A FARM? YES NO							
3. NAME OF DECEASED (Type or print)	First OTELIA	Middle (NMI)		Last GURLEY	4. DATE OF DEATH	Month MARCH		Day	Year 19 60		
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	□ 8.	DATE OF BIRTH			FUNDER 1 YE	_			
FEMALE	NEGRO WIDO	OWED DIVORCED [25 MARCH 1907 last birthdoy) Months Days Hours							
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired) HOUSEWIFE N/A				RY 11. BIRTHPLACE (Stote VIRGINIA	or foreign c	ountry)	12.CITIZEN UN IT		COUNTRY?		
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	4		. \			
BENJAMIN G	LOVER			OTELIA GLOVER (MIADISON)							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give, war or dates of service)				FORMANT		Addre	s\$				
NO	N/A	579-28-6963	SC)N		SAME A	S ITEM	2			

INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS
1-2 YEARS
IN

PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.)

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) o. m. Not while

19⁶⁰, that I last saw the deceased 21. I certify that I attended the deceased from 20 MARCH and that death occurred at 2:40AM, from the causes and an the date stated above. alive an 21 ADDRESS (Street, city or town, stote)

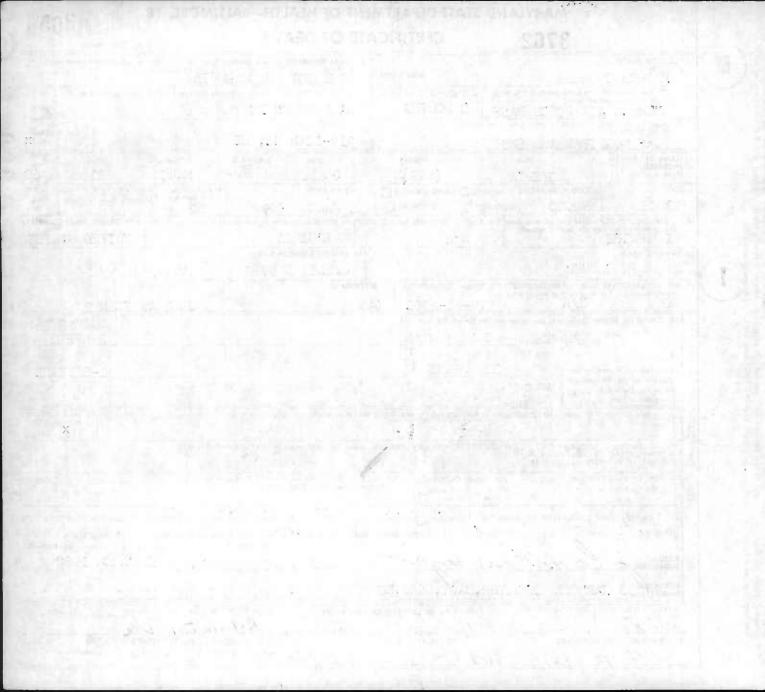
ACTUAL SIGNATURE

CARROLL RAMSEYER, CAPT, USAF, MC ANDREWS AFB WASHINGTON 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

ot work ot work

VS A15 (4) 15M 9/5B



VS. A15ME(5) 5M 9/55

fron,
oriar to burial, cremation,
riol',
0 00
prior

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3763

03657

Reg. Dist. No.

1		ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
		rund (leages MARYLAND) O. STATE Maryland b. COUNTY Charles
	Ь	CITY OR TOWN (If authide corporate limits, write RURAL and give nearest town) ogd give nearest town) c. CITY OR TOWN (If cutside corporate limits, write RURAL and give nearest town)
		Cochech 10 Rom Waldons 08x
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE
		Box 67 - le cahech, has Koute # 5 VES NO DE
	-1	IAME OF First Middle Last 4. DATE Month Day Year
	5. S	(ype or print) (with ony thurch George DEATH March 20 1960
	5. 3	O O O O O O O O O O O O O O O O O O O
	-	Little WIDOWED DIVORCED PLUIS 10,1712 71 yrs.
	10a. d	USUAL OCCUPATION (Give kind of work done 10b, KIND OF 805INESS OR INDUSTRY) 11. 81RTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CE
	13.	ATHER'S NAME 14. MOTHER'S MAIDEN NAME
		Frances Serned Juynor Elizabeth Jala herch
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT One on Introduction of Security of
		he Jeroph (deems gurynn sque as
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Newschool Shoel
		976 X DUE TO
		Conditions, if ony, which) to seem shot would the head
		gove rise to immediate couse (a), stoling the underlying DUE TO
ŧ.	- 1	couse lost. (c)
1	No.	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CAT	YES NO EY
	CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Port I or Port II of item 18.)
		CAUSE OF DEATH. Shat self through head
	WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slote) While Not while Not while foctory, street, office bldg. etc.)
	MEC	6.00 p.m. 3-24 1960 of work of twork the there care leek 25 had
		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and find that
		death resulted from: Notural causes, Accident, Suicide, Hamicide, Undetermined cause
,		
		ACTUAL SIGNATURE OLIVER O DATE SIGNED
		EXAMINER'S ASSISTANT MEDICAL EXAMINER C
		NAME (Type) 1 A MC S L. NOV & DEPUTY MEDICAL EXAMINER D 5-25-60
	220.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote)
		Burial 13-25-60 Dt Peters Waldort Md.
	23.	UNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE
(11	ettentt temeral Home, and Horf, Md. DAMAR 29'60 arthur & King

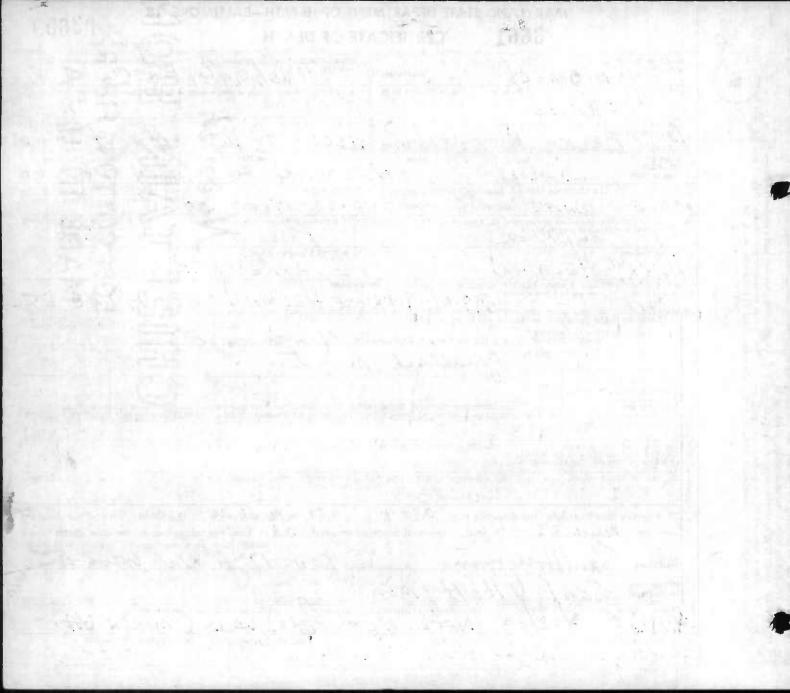
	412 47	July 10/1			
		A CONTRACTOR			
		Mary Colores			
5		policy retrieved to the			
The same	4x000 621	2~	St 18 c	3-3	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

AND AND AND	TE OF DEATH		, a	
			- - 4	
	12			
	Annual States and Control			
		N		
		14 14 15 15 17 5 18		
			Zana Para	
		1.08 to 100 to 1	2 - Same Action	
		and a sum the second se	To the second se	Total Country of the
		and a sum the second se	To the Control of the	The second secon
		and the second s	To the second se	Taxas from a second sec

03659

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased liver). If institution; Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO TO Day, 1960 IF UNDER 1 YEAR IF UNDER 24 HRS Manths 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO (County) (State) 19 5 %, to March 26, 1960 that I last saw the deceased and that death accurred at 10 A.M. from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, stote) 22d. LOCATION (City, town, for county)



03660

CERTIFICATE OF DEATH 3764

Rea. Dist. No.

	TERRA OF DEATH 9. AGE lost oreign cauntry)	ACE DE Mant	RIVE th CH IF UNDER Months 12.CITI	e. IS VE Day 10 21 YEAR IF L Days HG IZEN OF WH	town) RESIDENCE IN A FARM? S NO 13 Year 19 60 JINDER 24 HRS. JOHN 19 HATCOUNTRY? STATES ALL BETWEEN AND DEATH
HINGTON ADDRESS L PARKWA TON HH 1960 LACE (Stole or for MAIDEN NAME SUKO BEP	DATE OF DEATH 9. AGE lost oreign cauntry)	ACE DF Mant MARC (In years birthdoy) yrs.	RIVE th CH IF UNDER Months 12. CITI	Doy 10 11 YEAR IF L Days Ho C IZEN OF WH ITED S ABOVE	RESIDENCE N A FARM? S NO Y Year 19 60 UNDER 24 HRS. DURS Min. 19 HAT COUNTRY? STATES
ADDRESS 1 PARKWA 11 4. D 12 ION H H 1960 LACE (Stote or for YLAND 5 MAIDEN NAME SUKO BEP	DATE OF DEATH 9. AGE lost oreign cauntry)	Mant MARC (In yeors birthdoy) yrs.	TH UNDER Months 12. CITI UN ress	Doy 10 1 YEAR IF L Days Ho IZEN OF WH ITED S ABOVE	Year 19 60 UNDER 24 HRS. Whin. 19 Interpretation of the control of the contro
PARKWA I PARKWA	DATE OF DEATH 9. AGE lost oreign cauntry)	Mant MARC (In yeors birthdoy) yrs.	TH UNDER Months 12. CITI UN ress	Doy 10 1 YEAR IF L Days HG IZEN OF WH ITED S ABOVE	Year 19 60 UNDER 24 HRS. Whin. 19 Interpretation of the control of the contro
H 1960 LACE (Stote or for YLAND) G MAIDEN NAME SUKO BEP	DATE OF DEATH 9. AGE lost oreign cauntry)	Mant MARC (In yeors birthdoy) yrs.	TH UNDER Months 12. CITI UN ress	Doy 10 11 YEAR IF L Days Ho C IZEN OF WH ITED S ABOVE	Year 19 60 JINDER 24 HRS. JOHN MIN. 19 ALL BETWEEN AND DEATH
H 1960 LACE (Stote or for YLAND) G MAIDEN NAME SUKO BEP	9. AGE lost	MARC (In yeors birthdoy) yrs.	IF UNDER Months 12. CITI UN	ABOVE	19 60 UNDER 24 HRS. DOURS Min. 19 HAT COUNTRY? STATES
H 1960 LACE (Stote or for YLAND MAIDEN NAME SUKO BEP	9. AGE lost lost lost lost lost lost lost lost	(In yeors birthdoy) yrs.	Months 12. CITI	ABOVE	UNDER 24 HRS. DUTS Min. 19 NAT COUNTRY? STATES LL BETWEEN AND DEATH
H 1960 LACE (Stote or for YLAND MAIDEN NAME SUKO BEP	lost	birthdoy) yrs.	Months 12. CITI	ABOVE	DUTS MIN. 19 AAT COUNTRY? STATES LA BETWEEN AND DEATH
ACE (State or for YLAND MAIDEN NAME SUKO BEP	reign cauntry)	yrs.	UN UN	ABOVE	D 19 NATCOUNTRY? STATES LA BETWEEN AND DEATH
ACE (State or for YLAND MAIDEN NAME SUKO BEP	PPU		UN	ABOVE	LI BETWEEN AND DEATH
MAIDEN NAME SUKO BEP	PPU		ess	ABOVE INTERVA	LL BETWEEN AND DEATH
MAIDEN NAME SUKO BEP	PPU		ess	ABOVE INTERVA	LL BETWEEN AND DEATH
				INTERVA ONSET	L BETWEEN AND DEATH
				INTERVA ONSET	AND DEATH
DETERMIN	NED	SAM	ME AS	INTERVA ONSET	L BETWEEN AND DEATH
DETERMIN	NED	JAI.	AC AS	INTERVA ONSET	AND DEATH
DETERMIN	JED			ONSET A	R DEATH
of injury in Part I			EN IN PAR	PE	VAS AUTOPSY ERFORMED? S NO
	Of. (City or town	n)	(0	County)	(Stote
6:05A M, ADDR HOSPITA EWS AIR	from the co RESS (Street, cit AL ANDRE FORCE E	auses and by or town, EWS BASE,	d an the state) WASH	e date sta 10 M	nted abave DATE SIGNED MARCH 6
240 PEC'D BY	DECICTRAD	24b. REGIS	STRAR'S SIG	GNATURE	
I BANGE WE'VE BY					
ic o	(Hame, farm, 2) (Hame, farm, 2	(Hame, farm, 20f. (City or tow ice bldg., etc.) O, ta 10 MARCH t6:05A M, from the company of t	ice bldg., etc.) 50, ta 10 MARCH , 1960, t6:05A M, from the causes an ADDRESS (Street, city or town, F HOSPITAL ANDREWS REWS AIR FORCE BASE,	(Hame, farm, 20f. (City or town) (ce bldg., etc.) (http://discourse.org.) (http://discourse.o	(Hame, farm, cice bidg., etc.) 20f. (City or town) (County) (Opt a 10 MARCH 1960, that I last saw that \$\cdot \cdot \cd

funeral directar filled in by the ges 1 and 2 sh Pages TO EXAMPLE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the retained by the hospital ar attending physician.

TO FÜNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pathe registrar priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death.

24 haurs after death. Page 4

filed with

VS A15 (4) 15M 9/5B Nosa 4/8/60

2050272XV4

CORONER'S OFFICED.C.

7	5	
(M)
1	_	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3688

03661

Pen Dist No.

1. PLACE OF DEATH o. COUNTY	Prince Geo	rges	MARYLAN	2. USUAL RESIDENCE o. STATE Ma	(Where deceased ryland	b. COUNT			
b. CITY OR TOWN and give nearest tow	(If outside corporate limits, wri	e RURAL	D.O.A.		(If outside corpo		RURAL and	give ne	arest lown)
	e Georges			d. STREET ADDRES	49th Av	renue			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Ric Ric	hard	Middle Almstard	Holbert	4. DATE OF DEATH	March	17,	Day	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED [NEVER MARRIED DIVORCED	8. DATE OF BIRTH 12-7-07		last birthday) 52 yrs.			Hours Min.
Cab driv	ing life, even if retired)	done 10b. KIN	D OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (SE Virgin	nia	untry)	12. CITIZ		WHAT COUNTRY?
13. FATHER'S NAME	aac Kinney			14. MOTHER'S MAIDE		ce Hunte	r		
	VER IN U. S. ARMED FO	RCES? 16. SO	CIAL SECURITY NO. 17	Frances Hol	lbert; sa	Address ame addr	ess as	5 #	2.
Conditions, if gove rise to imme (o), stoting the couse lost. PART II. OI	underlying DUE TO	, S					EN IN PART		. WAS AUTOPSY PERFORMED?
PART II. OI 20a. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH	ONTRIBUTING []	Ob. DESCRIBE H	OW INJURY OCCURRED	. (Enter nature of Injury in I	Part 1 or Part It of	fitem 18.)			
20c. TIME OF INJU Hour o. m. p. m.		While	URY OCCURRED 20e. P	LACE OF INJURY (Hame, footory, street, office bldg.,	arm, 20f. (City o	or town)	(Cour	nty)	(State)
	d from: Natural				ide [], Und	determined c	ause [].		DATE SIGNED
	ON, 226. DATE THEREO	OF 22	C. NAME OF CEMETERY OF COME CONTROL CO	Church Cei	EC'D BY REGISTRA	ON (City, town, of the Pic) AR 24b. REGIS	or county)	NATURE	(Stole)
Henry S. U	Jachnstu	492	5 Wecome	Che NS DATE	IAR 2 2 '60	Ciri	my S. T.	المالليدوان	

VS. A15ME(5) 5M 9/55

or removol.

THE STATE DEPARTMENT OF HEALT AND THE DESCRIPTION OF DEATH.

		return to the amount	
			THE 17.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 P P	WATE BUY, I	
Europa, Niver Galle			
THE STATE OF THE S		Establic Dollings and	
		Theoret Inc. /	
1 4.0		The second second	
10 mar 10		Charles Control of the Control	
Course Helbert Dans Address L & C.			
District April 1			
A REST AND A THE PROPERTY AND A STATE OF THE			
T. T. Sayari L. Brancher Bank			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3728 CERTIFICATE OF DEATH thin 24 haurs after death. Page 4 director

03662

		01,00								Reg. Dist	. No.	
1.	PLACE OF DEATH a. COUNTY Prin	George's	00.	MARY		CTATE	arylar		lived. If instituti b. COUNTY		Geo.	
	b. CITY OR TOWN (If RURAL and give ne Forest He		ts, write c. LE	NGTH OF STAY I	IN 1b	c. CITY OR T		utside carpor	ote limits, write F	RURAL and gi	ve nearest t	awn)
	d. NAME OF HOSPITA	AL (If not in hospital, g				d. STREET A	DDRESS		Way S.E.		10	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	Firs JOH		Middle A.		Lost HO		4. DATE OF DEATH	March	1	Day	Year 19 60
5.	Male	6. COLOR OR RACE White	7. MARRIED X	NEVER MARRIE		uly 15t		_	9. AGE (In years last birthday) 9 yrs.	Manths E	YEAR IF UI Days Hau	NDER 24 HRS.
10	during mast of wark	N (Give kind af wark on a life, even if retired)	lane 10b. KIND	of Business of			ACE (State of		untry)	12. CITIZ		AT COUNTRY?
13	. FATHER'S NAME					14. MOTHER'S						
L	Jessie Ho					Elizab	eth Sc	haffe				
15 Y	(es, no. or unknown) Yes	Worldwar #	CES? 16. SOCIA	AL SECURITY NO.		h I. Ho	orn S	ame as	- 11	dress .		
		TH [Enter anly ane ca TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	NOR	(a), (b), and (c).] ONAR	1 0	oéel	0510	N	alde.	7 19		BETWEEN ND DEATH
	Canditions, if ar gave rise to in cause (a), stating t lying cause last.	he under-		ERLO SI	e(=	Rosi	5 ,	9EN	ERAL	(30)) 4	rear
CATION) (c) ER SIGNIFICANT CON		RIBUTING TO DEA	ATH BUT NO	OT RELATED TO	THETERMI	NAL DISEASE	CONDITION GI	VEN IN PART	PE	AS AUTOPSY RFORMED?
CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY O	CCURRED. (Enter nature at	f injury in P	art I ar Part	II af item 1B.)			NAV.
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yea		Nat while		OF INJURY (I			ar tawn)	(Co	ounty)	(State)
	21. I certify the olive on	Sur h	deceased fr		deoth o		, C.	ADDRESS (Str	he causes ar eet, city ar tawn, S.E. G.	nd on the , state)	date sto	DATE SIGNED
	PHYSICIAN'S NAME (Type)	Herbert Wis				101A	udrey		S.E. Gla		nor, l	id.
22	Ra. BURIAL, CREMATION REMOVAL (Specify) BURIAL	much 9	AAC.	name of ceme naden Hu			ry		shton, P		(State)
23	FUNERAL DIRECTOR'S	-1	1661- (Washing	dood Hop	e Rd.	S.E.	24a. REC'I	BY REGISTS		ISTRAR'S SIGN		

by be retained by the haspital or attending physician.

Seuneral Director: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Fred wil

VS A15 (4) 15M 9/5B

3729 a togrand . The second of the TOTAL STATE OF THE The same of the sa water well .ver a stage from the .ver .ve. 4. ar mad croft I study to the first transfer of The Late against a second property and the second property of the second party of the was a feet of the state of the

14			MARYL	AND S	TATE DEPART	ME	NT OF H	EALT	H-BAI	LTIMORE	, 18	1.	
emation,			3738 MI	EDICA	L EXAMINE	R'S	CERTII	FICAT	TE OF	DEATH	Reg. D	Hist. No.	853
	1.	PLACE OF DEATH					2. USUAL RES	IDENCE (V	Vhere deceas	sed lived. If Ins			ore odmission)
		S. COUNTY	Prince	Georg	es MARYL	AND	o. STATE	Mary	rland	b. COU	NTY Pr	. Ge	90.
M)	1	ond give negrest tow	(If outside corporate limits, writer)	e RURAL	c. LENGTH OF STAY II	V 1b	c. CITY OR	TOWN (II	outside cor	porote limits, wr	ite RURAL one	d give ne	earest town)
23			lverdale		DOA		69	Coll	Lege :	Park			•
haa	(pital, give street address		d. STREET					130	e. IS RESIDENCE ON A FARM?
1079		Leland	Memorial	Hosp	ital		9725	Nai	raga:	nsett :	Parkwa	ay	YES NO
		NAME OF DECEASED	Fie	rst	Middle		Last		4. DATE	Mo	nth	Day	Year
NO-11		Type or print)	Chris		Duane		udson		DEATH	Marc		30	19 60
100	5. 5				D NEVER MARRIED		DATE OF BIRTH	-		9. AGE (In years lost birthday)		Days	Hours Min.
		Male	white	WIDOWED		- 17.	ebruary	11,	1960	— уг		Days	HOU'S Mill.
0	10a	. USUAL OCCUPAT	ION (Give kind of work ing life, even if retired)	done 10b. K	IND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPL	ACE (Stote	or fareign c	country)	12. CIT	IZEN OF	WHAT COUNTRY
		None					l 1	[ary]	Land			U.S	5. A.
)	13.	FATHER'S NAME					14. MOTHER'S						
	_							oria	a Hud				L Fall
		, no, or unknown)	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.		FORMANT			Addn			
		No				G	loria	Huds	son;	same a	ddres	s as	3 # 2.
19-199			ATH [Enter only one car	use per line t	for (o), (b), ond (c).]							INTERY	VAL BETWEEN
	М	PARI I. DEA	ATH WAS CAUSED BY:		Acute cong	est	ive hea	rt fa	ilure				
7		810	· 6 DUE TO										
		Conditions, if			Cerebral e	dem	a and c	onges	tion				32.77
		(o), stoting the			0	.c m							
	7	couse lost.) (c		Overdose c								
0	CATION	PARI II. OI	THER SIGNIFICANT CON	DITIONS CO	ENTRIBUTING TO DEATH	BUI NO	DI KELATED TO	THE TERM	NALDISEAS	E CONDITION C	SIVEN IN PAR		PERFORMED?
d		20- EVTERNIAL CA	ALICE MAS IN	Dr.Color	. HOW IN HIRE OCCUPA	FD 4F						Y	ES A NO
	CERTIF	20g. EXTERNAL CAPRIMARY型 or CCCAUSE OF DEATH	INTRIBUTING		t was given						whereas.	o i o m	doing
100	AL C	20c. TIME OF INJU								_			cumcision
16	EDIC	Haur o. m.		60 While	NJURY OCCURRED 20e	factor	y, street, office	bldg., etc.	201. (City	or tawn)		unty)	(State)
10	¥	9.10 ans			rk ot work						Pr. Ge		Md.
1					emoins described								and find the
343	1	death resulted	d from: Noturol	causes [Accident	Suic	ide [], H	omicide	∐, Ui	ndetermined	couse		
		ACTUAL	10/	AM	0-11		Cure v	EDICAL EX					DATE SIGNED
2		SIGNATURE	renny.	rya	arrey		, M.W.		AMINER [. —			
000		EXAMINER'S	John T	Mala	ney, M.D.				AL EXAMINE		7/1	. 77	1000
	220	NAME (Type)	ON, 226. DATE THEREC		22c. NAME OF CEMETER	Y OP (MEDICAL			March	1 21	.,
	-	REMOVAL (Specify Burial	4/2/60		Evergreen					tion (City, town			(Stote)
25	23.	FUNERAL DIRECTO			ADDRESS	Jen		24a. REC"	D BY REGIST		GISTRAR'S SIC	SNATHD	F
8	100	. Gasch'	. ~	attsv	ille, Md.			DATE A			Chilling a		
1			7/10	70	1/1/			DAIR	11 11 0				

ST BROWN IN SOMEON OF THE WAY OF

		one a senior			
		CAT DAY			
1 b e					
			2010		
	the standard to the	0.747 70 83	CINT S		
* * * * * * * * * * * * * * * * * * *			SEE DOOR OF		gh y EllaC
Mary Town	District			4	
		1977 200			
	The least		Minister		

Account to the contract of the 17 D. Chelletter Rea to 5 D. Rom Cher MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03664

e. IS RESIDENCE ON A FARM?

YES NO

Yeor

19

Hours

INTERVAL SETWEEN

ONSET AND, DEATH

19. WAS AUTOPS PERFORMED?

(Stote)

12. CITIZEN OF WHAT COUNTRY?

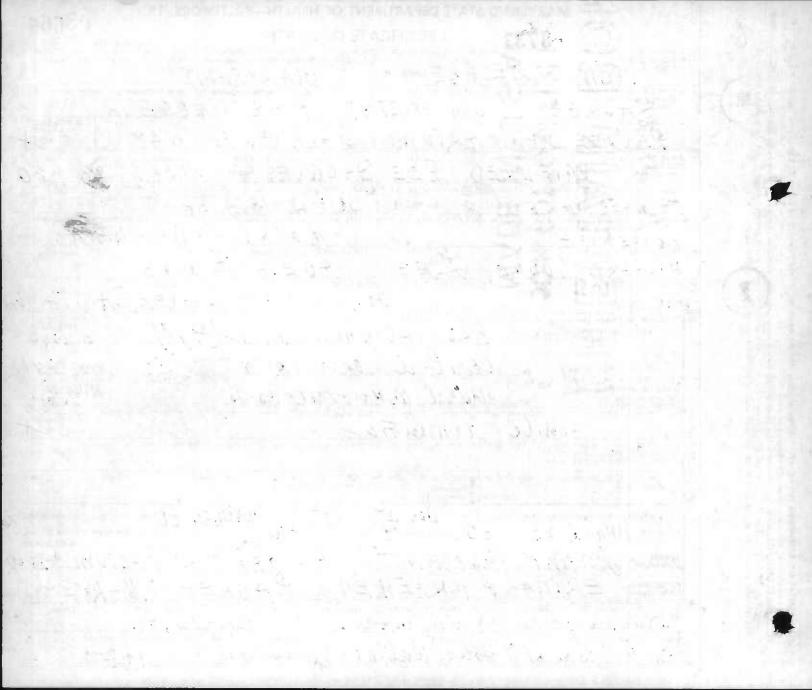
Rea. Dist. No.

Doys

(County)

22d. LOCATION (City, town, or county) Pikesville, Md. 24b. REGISTRAR'S SIGNATURE 24a. REC'D 8Y REGISTRAR DATE MAR 2 8 '60 wing & thouse

VS A15 (4) 15M 9/58



DATE

John T. Rhines & Co.

	trough the same of	
		AND STREET
THE RESERVE TO A MILES		
Marchael Land Carlot Committee		
	N. RANGERY ST.	
		The state of the s
		AND THE RESERVE AND THE RESERV

VS A15 (4) 15M 9/5B

RYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18

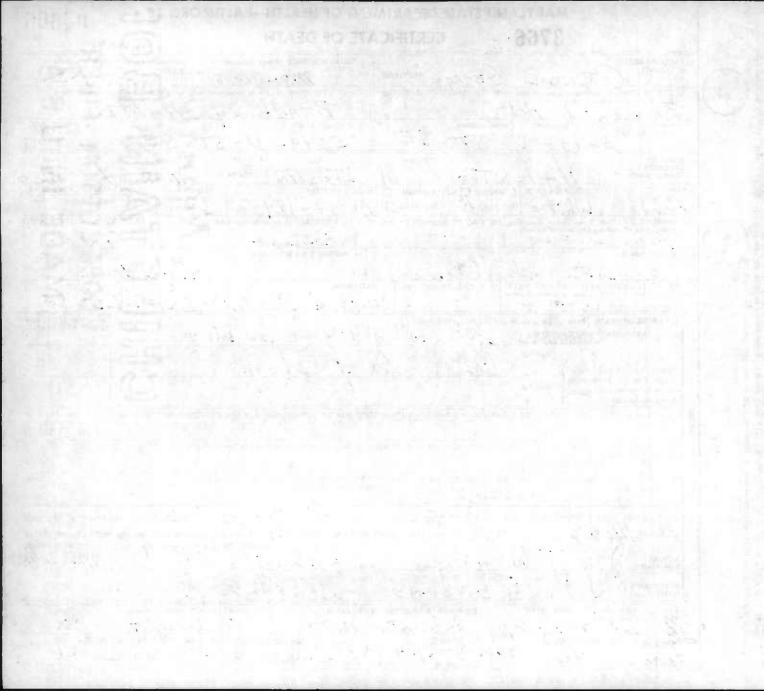
03666

3766 CERTIFICATE OF DEATH

MA

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY PRINCE GEORGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY D. C.
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If auside corporate limits, write RURAL and give nearest town)
PURAL and give nearest town)	25 BRAdburg Hahts.
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION 52 19 - 11- ST- SE.	5219- V-ST. SE YES NO
3. NAME OF DECEASED (Type or print) A P TINE Middle	Last 4. DATE Month Day Year OF DEATH MAR. 4 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female WhiTe WIDOWED DIVORCED	APR 4-1895 lost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State or fareign country) 12.CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	254
13. FATHER'S NAME	14 MOTHER'S MAIREN MANE
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cornest Sulbeaux	Elistean
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? [Yes, no, or unknown) [Yes, give war or dates of service] [Yes, no, or unknown)	INFORMANT Address
2	VilbUR JOS/IN - 5219 - V-ST. SE.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	100 Corrumatasis ONSET AND DEATH
153 & DUE TO A	
Conditions, if any, which) (AM CARANI	a al Colon
gove rise to immediate	4 04, 00 00 17,
cause (o), stating the under-	
lying couse lost.) (c)	10 III. AUTOROV
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	YES NO
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour o. m. No m. 19 While Not while of work at work	foctory, street, office bldg., etc.)
met of	ST. May 11 Jan
21. I certify that I attended the deceased fram.	19.56, to fff Off 1900, that I last saw the deceased
alive an // DT 5	th accurred at 4,25.3M, fram the causes and on the date stated above.
000-11	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE / / hunculum	M.D. 3112- Cly. Und D.C 11144 4, 1460
	14/ / 100
PHYSICIAN'S J. H. IhibAdeAv.	Wash 20, U.C.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
REMOVAL (Specify) 3-8-60 arlungton	not arlination 200
23. FUHERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
2 1661- Good Hope	rase in the second
Winners Bros. Wash 3	DATEAR 7 60 Circling S. Thanks



Dan Disk At-

M

filled in by the funeral director, Ages 1 and 2 should be filed with FERAL DIRECTOR: After this certificate has been signed by the attending physicion and complet page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon pepers. the registror prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4

TO VS A15 (4) 15M 9/55

			1		
		1	¢		
1	J	6	ľ	1	

					Kadi nisi. L	10.
1. PLACE OF DEATH 0. COUNTY	AT2 o STA	L RESIDENCE (Whe		I. If institution b. COUNTY	nı Residence b	efore admission)
Prince George MA	RYLAND	Maryla			rince 0	norre
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	AY IN 16 c. CIT	Y OR TOWN (If ou	utside corporate li	mits, write RI	JRAL ond give	nearest town)
Hill Crest Heights	X	Hill Cre	est Heig	hts Md	100	
d. NAME OF HOSPITAL (If nat in hospital, give street oddress) OR INSTITUTION	d. STI	REET ADDRESS			10122	e. IS RESIDENCE ON A FARM?
at home	230	8 Kirby	Dr.			YES NO
NAME OF First Mide		Last	4. DATE	Mon	h	Day Year
OFCEASED (Type or print) John W. King.			OF DEATH		h 8th 1	
SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIFD B. DATE OF	F BIRTH	9. AC			AR IF UNDER 24 HRS
MAKKIED EJ METEK MIAN			las	t birthdoy)	Months Day	
do. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS	T-	8-1872	r faraina caustru	gg yrs.	12 CITIZEN	OF WHAT COUNTR
during most at working life, even if retired)	OK INDOSIKI III. BI	KIHI DACE (SIDIE C	or toreign cooming	,	12. CHIZEN	TOF WHAT COUNTR
Self employed self			eland Co	. Va.	i i	I.S.A.
. FATHER'S NAME	14. MO1	HER'S MAIDEN N	AME			
John Waller King	Carried Street	Emma Jone	es			
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY I	NO. 17. INFORMAN	190	A	Addr	ess	te.
no no	Mrs. Fr	anklin B	11as 230	8 Kirb	or Dr. H	Hill Crest
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (4				NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	· · · >	Les .	line	1	, 0	NSET AND DEATH
IMMEDIATE CAUSE (o)	ary 1.				-	non-
420. DUE TO	2 1	7 1	7/	0		2 400.
Conditions, if any, which gove rise to immediate (b)	entel	ender.	Varce	ulan)	-	2 juins
catse (a), stating the under-			Dise	eace	-	
lying cause lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CONTRIBU	DEATH BUT NOT RELAT	TED TO THE TERMIN	NAL DISEASE CON	NDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED?
Weemen - Pyelone	ephroli					YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY	OCCURRED. (Enter no	oture of injury in P	art I ar Part It of	item 18.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 of work at wark	20e. PLACE OF IN.	JURY (Home, form,	20f. (City or to	wn)	(Coun	ity) (State)
Hour a. m. While Not while of work at wark	factory, street	, affice bldg., etc.)				
		105	2			
	mary, 19					saw the decease
alive an Much 5, 19 (0), and th	at death-occurre	d ab -00 1	M, from the	causes a	nd an the	date stated above
10.00		A	ADDRESS (Street,	city or lawn.	state)	DATE SIGN
SIGNATURE STONE Shipshon	S MD 4	2235	ilver.	14:11	KI	
1 1 24.1			CF. /		11	6.1
PHYSICIAN'S NAME (Type) John F. D H498/0	(1/1)		or lo	er 1	11/	14/0/
	EMETERY OR CREMATO	DPY I	22d. LOCATION	City town	r county)	(State)
REMOVAL (Specify)						(State)
Burial 3-11-60 Mt. Co.	mfort Co,		Alexan	7.1	TRAR'S SIGNA	21405
ADDRESS ADDRESS			BY REGISTRAR		than's SIGNA	
	T	To DATE . SAT	1 4 '60	Cir	a. The	

	HTABU TO ST	275 CERTIFICA
	and the second	
		The state of the s
		00 100
Junior de la company		
	Silventains at 1 at	The state of the second of the second of the Segrec 1775. The state of the second of
		A STATE OF THE SAME OF THE SAM
•		
	100	

o'		direc	hed	1
PINAL OR ALIENDING THISICIAN: The low requires that the deorn certificate be executed with 24 haurs offer deoin. Tog		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completer, filled in by the funeral direc	page 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be sited?	-
rier		he fu	should	
IUrs a		by t	1 5 p	
24 NG		ed in	l ar	
		IIII.	oges	
Ž.		plete	rs. F	/
ecure		COM	pape	oth.
se ex		puo	rbon	er de
ale		ician	e cai	rs aft
errition		phys	emo	2 hou
OIU C		ding	ase r	nin 7
e de		after	n ple	t wit
ומו וע		y the	The	even
res In		ed b	rmit.	any
redui	Ju.	sign	sit pe	ud in
× 0	ysicie	peer	-tran	al, a
ne L	ng ph	e has	ourial	emay
Z	endir	ficate	the k	ar r
725	or off	certi	se as	otian
2	ital o	r this	far u	crem
2 2	hosp	Afte	pay	riol,
N SEL	y the	TOR	detoc	to bu
Z X	ed b	IREC	l be	prior
AL	etair	AL D	hould	rar p
Š	n be retained by the hospital or ottending physician.	INER	e 3 s	the registrar prior to buriol, cremotian, ar remaval, and in any event within 72 hours after deoth.
	E	OFF	pag	the
-		-		

VS A1S (4)

1SM 9/SB

		MAF	RYLAND	STATE DEPAI	RTME	NT OF H	EALTH	-BAL	TIMORE, 1	8	. 0	-0-
			3690	CERTIF	FICA	TE OF D	EATH	1		Reg. Dist.		668
	PLACE OF DEATH a. COUNTY	Prince G	eorge	MARYL	AND	2. USUAL RESID	Mary l		l lived. If institution b. COUNTY	Pr.	-	sian)
		neverly		5 Days	N 16	19	Silv	outside corpor	rote limits, write RU 11	JRAL ond give		
	d. NAME OF HOSPI OR INSTITUTION	Pr. Georg				d. STREET A		St. Ba	rnabas Ro	SE		SIDENCE A FARM?
	NAME OF DECEASED (Type ar print)		PETER	Middle L •		Los! KIN		4. DATE OF DEATH	Mar.	- 4	Day	Year 19 60
S.	Male Male	6. COLOR OR R. White	ACE 7. MAR WIDOW	RIED NEVER MARRIES		Oct. 5t		1	9. AGE (In years last birthday) OO yrs.	Manths Do	YEAR IF UND Haurs	Min.
100	dwing most of war Retired	ON (Give kind af v king life, even if re	vark dane 10b.	ruck Farmer	NDUST		ACE (State	-	ountry)		OF WHAT	COUNTRY?
13.	John H.	King				14. MOTHER'S Susan						
15. (Ye	WAS DECEASED EVI	ER IN U. S. ARMED (If yes, give war or dat		SOCIAL SECURITY NO.		FORMANT Orge E.	King	Se	me as #	ess 2 •		
	PART I. DE, PART I. DE, Canditians, if a gave rise to a cause (a), stating lying cause last.	ATH WAS CAUSED IMMEDIATE CAU DU Inny, which immediate	BY:	(c), (b), and (c).]	scl	este.	De	ena art	lOes E		INTERVAL B	ETWEEN D DEATH
FICATION				CONTRIBUTING TO DEA						EN IN PART 1	PERF	AUTOPSY ORMED?
MEDICAL CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Haur a.m. p. m.	MEDICAL EXAMIN	ATH VER)	INJURY OCCURRED	20e. PLA	CE OF INJURY (I	Hame, farm	, 20f. (City		(Cau	inty)	(State)
	ACTUAL SIGNATURE	Mar. 16 Lee Dr. David	Bla	epua	death	accurred at	5 P. Baltin	M, fram ADDRESS (SI	16 , 19 60 the causes an treet, city or town, ve. River , Riverda	d an the o	date state	p abaye. 15 your 7-60
220	BURIAL, CREMATIC REMOVAL (Specify	on, 22b. DATE TH	8-1960	22c. NAME OF CEME St. Barnb	as C	eme tery			TION (City, town, o		(Sto	ite)
23,	FUNERAL DIRECTOR	SIGNATURE	1661 Wash	- Good Hope ington, D.C	Ros	ad SE		D BY REGIST		otrar's SIGN		

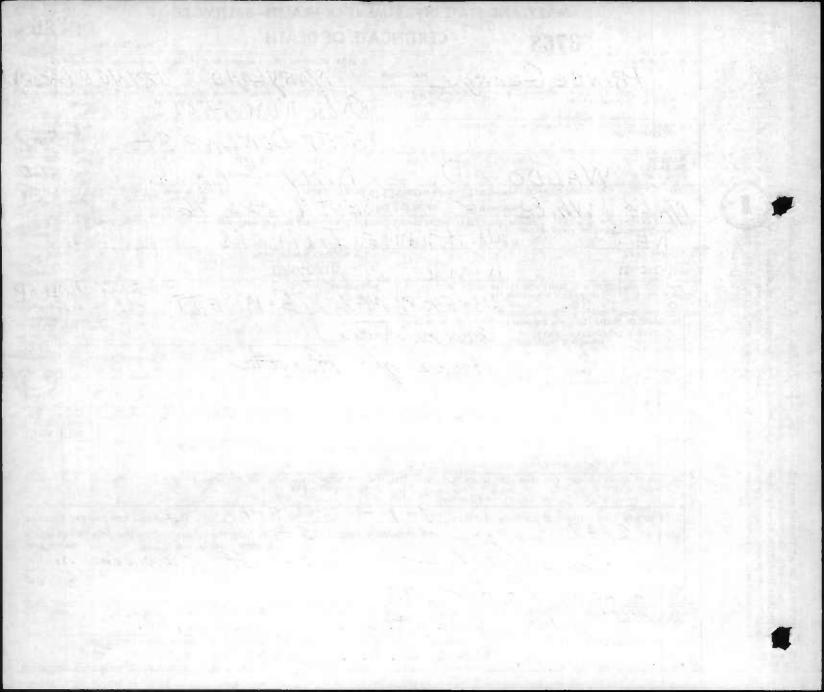
Additional and the control of the co Althorn C. All Control of the Contro Santage - South P 364.15 D 21.1574 The same of the same of The factor of the same and the the second and the comment of the second sec the point a off soon - the

ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE, 18	3
T	tem 7	FilmG258 3	-7-60 et	

CERTIFICATE OF DEATH 2760

03669

0100	Reg. Dist. No.
a. COUNTY DO AND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY
MINUEGEORGE	MARYLAND INTIMER OFEOR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN of outside corporate limits, write RURAL and give nearest town)
Oxon Hill	10X0U 1000- HIGGS 18
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
At home	5057 DUNLAPST, YES NO
NAME OF DECEASED (Type or print) WALDO " Middle	Lost OF DEATH MARCH. Day Year 1960
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors last birthday) Wanths Doys Hours Min.
Od USUAL OCCUPATION (Give kind of work done 10b. KIND, OF BUSINESS OR INDU during 19:05) of working life, even if retired) MALUTENANC	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
	INFORMANT Address 5057. DUMLA
Yes, no, or unknown) (If yes, give war or dates of service) 213-65-4589 /	VAY. V. BABRETT W. S.E.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	MORE AND DEATH
1544 DUE TO (2)	0 10
Condition if any which \ (Burelle Of	Rection
gave rise to immediate DUE TO	
buing course last	
, (0)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I ar Part II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the following p. m. 19 of work of work to the following p. m. 19 of work to the following p. m.	LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) actory, street, affice bldg., etc.)
p. m. 19 ot work ot work	
21. I certify that I attended the deceased from 7-1	1957, to 3 -/ 1960 that I lost sow the deceased
alive on 2/29, 19 CC, and that death	1 C
dive on, and mor deon	ADDRESS (Street, city or town, state) DATE SIGNED
ACTUAL Looker	5041 If Basucher M
SIGNATURE	M.D
NAME (Type) Lewis Parker Ma	5/1/60
20. BURIAL GREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
DEALWALL SCHOOL OF THE STATE OF	Cem. Suitland, Md.
. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
200 /41 04	
Wm. Lees Sons Co. 300-4th St.	DAIE WING



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03670

CERTIFICATE OF DEATH

3729 1 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. CQUNTY MARYLAND TEORGE MARYLAND RINCE + EORGES b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neagest town) FREENBELT d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION H. RIDGE 25 H, HIDGE YES NO DO 4. DATE NAME OF First Middle Month Yeor DECEASED OF DEATH MARCH AF (Type or print) 1966 9. AGE (In years last birthday)
yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months WIDOWED X DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) AUGUSTA +OUSEWIF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17_ INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO any Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Fart I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while at work ot wark 196 that I last saw the deceased 21. I certify that I attended the deceased fram. ___, and that death occurred at & olive on a HM, from the couses and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Hyattsville, Md. PHYSICIAN'S NAME (Type) Bergeman, 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (State) TEMOVAR (Specify 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE arthur & Krawe

director, Filed death. funeral pe should à shauld

			Superior d
	man at San Laborator I		ara eria e
	and all fall of the same		BUTTAN!
		Optimates na	
AC IN SHIPMAN AND A			Street Life of S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ART AND HE WAS TREED TO BE THE THE

angle testing The state of the same of the s THE PART OF THE REST OF THE PARTY OF THE PAR

A CONTRACTOR AND RESIDENCE OF THE SECOND SEC

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3692 Reg. Dist. No.

03672

o. COUNTY	Prince	Georg	e's MARYLA	2. USUAL RESIDENCE	ary Lan	b. COUNT		ofpre admi	wedre
b. CITY OR TOW	VN (If outside corporate limits, w	rite RURAL	c. LENGTH OF STAY IN	1 1b c. CITY OR TOWN	(If outside corp	orote limits, write	RURAL ond give	neorest to	wn)
Chever			D. O. A.	2/ Fores	ttille				
d. NAME OF HO	SPITAL OR INSTITUTION	(If not in ho		d. STREET ADDRES		g Stree	t	ON	A FARME
B. NAME OF DECEASED (Type or print)	Willi	am Fr	Middle ank	Krause	4. DATE OF DEATH	Month			950
S. SEX	6. COLOR OR RAC	E 7. MARRI	ED NEVER MARRIED	B DATE OF BIRTH		9. AGE In years	IF UNDER TYEA	R IF UND	ER 24 HRS
rale	White	WIDOWE	DIVORCED	Sept 1 ,1	905	54 yrs.	Months Days	Hours	Min.
during most of w	PATION (Give kind of working life, even if retired	k done 10b.	KIND OF BUSINESS OR IN Meat	DUSTRY 11. BIRTHPLACE (SI		ountry)	12. CITIZEN	OF WHAT	COUNTRY
3. FATHER'S NAM	AE .			14. MOTHER'S MAIDE	N NAME	FELL FEE			
Tuther	r Krause			Ber	tha Sa	uma.			
	D EVER IN U. S. ARMED F		19-12-1959	17. INFORMANT	Pisch	Address ke. san	ne as t	¥ 2	
gove rise to it (o), stoting to couse lost.	the underlying DUE To) (c)	I COHOLISM	BUT NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(o)	PERFO	RMED?
20c. TIME OF I	ATH. INJURY Month, Day, Y	ear 20d.	INJURY OCCURRED 20e.	ED. (Enter nature of Injury in PLACE OF INJURY (Home, I foctory, street, office bldg.,	arm, 20f. (City		(County)	YES T	(Stote)
					3850			-	
21. I certif		111	remoins described Accident Accident	ASSISTANT ME		20		DATE S	IIGNED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the farmeral director. Page 4 shauld be worded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, exempation. VS. A15ME(5) 5M 9/55

or removol.

If ony delay is necessory, please exergence of the should be should be

The same property of the same of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 2 FilmG259 3-30-60 et CERTIFICATE OF DEATH

03673

-	. 0.61	III die	CERT	TECA	TE
62			CEKI	IFICA	ILE

	THE LOCAL PROPERTY OF THE PARTY	3662	CERTII	FICAI	E OF DEATH	1		Reg. Dist. N	0.
1.	PLACE OF DEATH Prince Georg		MARYL		usual residence (Who		b. COUNTY	in: Residence be	fore admission)
	b. CITY OR TOWN (IF OU HYALLESVIIIE	etside corporate limits, v st town)	e. LENGTH OF STAY I		c. CITY OR TOWN (IF or	B1	ote limits, write RU	JRAL ond give n	earest town) 64 K 3
	d. NAME OF HOSPITAL		street oddress) e for Children	n /	d. STREET ADDRESS Rells/Nursim	16403/ A	Rout	e # 1	e. IS RESIDENCE ON A FARM YES NO
	NAME OF DECEASED (Type or print) Sand	dra Lynn I.i	ppincott		Lost	4. DATE OF DEATH	March	h 22 '	Pay Year 6
		Inthita	MARRIED NEVER MARRIE	79	15/59	5	AGE (In years Lost birthdoy) yrs.	Months Days	Hours Mi
10a	during most of working None	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OF None	RINDUSTRY	San Diego	-		U.S.	A.
13.	FATHER'S NAME UNK.		R - 12	1	A. MOTHER'S MAIDEN N Patricia Li		ott		
	WAS DECEASED EVER IN	U. S. ARMED FORCES			rmant ing Home Rec	ords	6403 AN	er Road	l Id.
ATION	Conditions, if ony, gove rise to imm couse (a), stoting the lying couse lost. PART II. OTHER	ediote under- (c)	Marchael Resource Terminal resources to DEA	gene	tory paras	Ly Jes NAL DISEASE	CONDITION GIV		19. WAS AUTOF PERFORMED YES NO
CERTIFICATION	200. ACCIDENT WAS L OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	DESCRIBE HOW INJURY OF	CURRED. (E	inter noture of injury in P	ort I or Port	II of item 18.)		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	10	20d. INJURY OCCURRED While Not while of work 0		OF INJURY (Home, farm, street, office bldg., etc.		or town)	(Count	y) (St
	21. I certify that alive an3	Longe A	oceased from 25 Ju 1960, and that Christens	death ac		M, fram t	he causes an eet, city or jown,	d an the da	te stated abo
(BURIAL CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	O V. S. W. V.	TERY OR EL	Jahook	13	ON City, town, o	une,	(Stote)
	Francis gas	1 11 1 7 1 1 1 1 1 1 1 1	Appress Hyatts ville	, Md		R 2 4 '60		trar's signat	

requires that the death certificate be executed within 24 haurs after death. Page 4 completery filled in by the funeral director, papers. Pages 1 and 2 should be filed with the attending pnysicular Then please remove carban paper event within 72 haurs ofter death unsit permit. Then and in ony event TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached far use as the burial-transit permit the registrar prior to burial, cremation, or remaval, and in only expenses. PITAL OR ATTENDING PHYSICIAN: The low VS A15 (4) 15M 9/5B

STOURNESS OF THE STORY OF THE S the Live Sand State of Control of and a support that the transfer with the support of the attention County of the Street County And the second second second second second grand the second and a second polygone

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03674

	3739	CERTIFIC	AIE OF DEA	IH	Reg. Di	ist. No.
a. COUNTY P	rince George	es maryland	2. USUAL RESIDENCE	Where deceased lived yland	If institution: Resider	nce before odmission) nce Georges
b. CITY OR TOWN (If a RUBAL and give deal	outside corporote limits, writest tawn)	5 Years	65 Riverd		nits, write RURAL and	give nearest town)
OR INSTITUTION	l (If not in hospitol, give strandale Road	eet address)	/d. STREET ADDRESS 4609 Ri	verdale R	oad	e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\frac{1}{2}\)
NAME OF DECEASED (Type or print)	Ernest	Middle Eastman	Lovejoy	4. DATE OF DEATH	March	21, Year 19 60
Male	White	ARRIED NEVER MARRIED DWED DIVORCED	Sept. 15,		Brthday) Months	Days Hours Min.
Oo. USUAL OCCUPATION during mast of warkin Retired	(Give kind af work done 1 g life, even if retired)	06. KIND OF BUSINESS OR INDU	Illinoi:			S. A.
3. FATHER'S NAME Ab	oion Lovejoy		14. MOTHER'S MAIDE	garet Eas	tman	
	IN U. S. ARMED FORCES? yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. None	Mabelle L.	Munch	Address Same as #	¥ 2
Conditions, if ony gave rise to improve the living couse lost. PART II. OTHER 200. ACCIDENT WAS OR CONTRIBUTING IN EITHER, NOTIFY METERS OF CONTRIBUTING IN EITHER, NOTIFY METERS OF CONTRIBUTING IN EITHER, NOTIFY METERS	R SIGNIFICANT CONDITION WINDERLYING I 200. 6	NS CONTRIBUTING TO DEATH BU	enerali	sed.		T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Hour o. n.	Month, Day, Year 20c	d. INJURY OCCURRED 20e. Pi nile Not while fo	ACE OF INJURY (Hame, for cory, street, office bldg.,	arm, 20f. (City or tavetc.)	vn) (1	County) (State)
alive on 3	A Purdie	cased from $9-72$ and that death	, 1958, to n occurred at 1270 21-21-21-21-21-21-21-21-21-21-21-21-21-2	D.M., from the ADDRESS (Street, c	causes and on t	last saw the deceased he date stated above DATE SIGNED
REMOVAL (Specify) ansportatio	22b. DATE THEREOF	22c. NAME OF CEMETERY C	or CREMATORY, Illinois		City, town, or county)	(State)

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 per retained by the hospital or ottending physician.

TO HERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or remayal, and in any event within 72 hours. Pages 4 and 2 should be filled with

sauc corin 2. . a 2.50 5 6 15 DO S B TOVIETO CE are are a The state of the s description of the contract of

Reg. Dist. No.

	400	-	1
RAL DIRECTOR: After this certificate has been signed by the ottending physician and camples. After this certificate has been signed by the ottending physician and camples	should be detoched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with	(
and cample	an papers.	deoth.	
physician a	spare corbe	istror prior to buriol, crematian, or remaval, and in ony event within 77 hours dier deoth	I
ottending	in please re	t within 7%	
d by the	mit. The	ony even	
en signe	ansit per	and in a	
icate has be	burial-tr	remaval,	
certifica	se as the	atian, or	
After this	ned for n	iol, crem	
ECTOR:	be detoch	or to bur	
RAL DIR	should	istror pri	

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A1S (4) 1SM 10/57

1		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
		Prince Georges MARYLAND	o. STATE Maryland b. COUNTY Pr Gees Co
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Seat Pleasant 5/ Years	29 Jeat Pleasant
		d. NAME OF HOSPITAL (If nat in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
X		6706 + St	6706 F ST ON A FARM?
		NAME OF DECEASED (Type or print) Clarence Milton Mac	Lost 4. DATE Month Day Yeor OF DEATH MAYCR 8 1960
	S. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
		Male Whate WIDOWED DIVORCED	April 24 1888 Tost birthdoy) Months Doys Hours Min.
	10a	u. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU-	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR
		Inoury Section Dic. Post Oxyre	e Pa USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		John Mace	Unk
1	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
		No 1279-329739 M	rs. Elizabeth Mace-6706 F St Jeat Plasan
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TO PTUSE C	of Aorlic Aneurysm
		451X DUE TO	
		Conditions, if ony, which) (b)	
		gove rise to immediate couse (a), stating the under-	
		lying couse lost. (c)	
	S S	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
0	3	Arteriosehleratic Heart Dis	ease Viral Dronchilis YES NO NO
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
	S	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY IHome, farm, 20f. (City or town) (County) (State)
	MEDICAL	Hour o. m. While Not while for p. m. 19 of work of work	ctory, street, office bldg., etc.)
		21. I certify that I attended the deceased from Sept 17	, 1959, to March 8 , 1960, that I last saw the decease
			accurred at 1112 P.M. fram the causes and an the date stated above
		dive different control of the contro	ADDRESS (Street, city or town, stote) DATE SIGNI
,		ACTUAL TO. Suit Velchie	MD 7005 Pitchie RdSE Wash 27 D.C.
,		PHYSICIAN'S W. Sust Pritchie M.D.	3/8/6
	220	BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City town, or county) (Store)
9	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	4 DA NEGET D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
By	0	Loe Feminal Home UPS	
9	Ľ,	Jan	DATE MAR 1 0'60 Chilling S, Florid

	CHRONIC	ECATE:O			
				Lave	
				4	
e land comment of the control of the					

	900	
1	44	1
1	820	1

ery filled in by the funeral director, Poges 1 and 2 should be filed with

HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 De retoined by the haspital ar ottending physicion.

TO FONERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completery page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pot the registrar prior ta burial, cremation, or removal, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/S8

3033				Keg. Di	ST. 140.
1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (What a. STATE Marylana		ountine Ge	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limit		
d. NAME OF MOSPITAL (If not in hospital, give street OR INSTITUTION	da •	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Prince Georges General		705 Addis	on Road		YES NO
3. NAME OF DECEASED (Type or print) 11 tysses	Middle	lost Mackall	4. DATE OF DEATH	March March	Day Yeor 27 19 6U
	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH I-15-79		(In years pirthdoy) yrs.	Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b during most of warking life, even if retired)	. KIND OF BUSINESS OR INDU	ISTRY 11. 8IRTHPLACE (Stote Maryland	or foreign country)	12.CITI	ZEN OF WHAT COUNTRY
James Mackall		Martha But			
	. SOCIAL SECURITY NO.	NFORMANT Susie Mackal	1 705. Ad	Address ddison Roa	ıd
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. PART I. DEATH WAS CAUSED BY: (b) DUE TO Conditions, if ony, which gove rise to immediate (c) Conditions, if ony, which gove rise to immediate (b) DUE TO (c)	ara.	1/ desul	ar pe		
PART II. OTHER SIGNIFICANT CONDITIONS. 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH 801	T NOT RELATED TO THE TERMI	inal disease condi	TION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I ar Part II of ite	m 18.)	
Haur a.m. While	f.	ACE OF INJURY (Home, farm actory, street, office bldg., etc) (0	County) (State
21. I certify that I attended the decea alive on tarch of the signature of		accurred at 2.351		uses and an the	ist saw the deceased above date stated above DATE SIGNE
220. BURIAL, CREMATION, REMOVAL (Specify) 4-1-60	William CEMETERY	James James	22d. LOCATION (Ci	ry, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ME	DATE 240. REC'	D BY REGISTRAR :	24b. REGISTRAR'S SIG	

			SULD - EN		
		omate The			
		and the descript	1,50).		
		Machine Colombia		med white can also	
	The state of	125.000			
		17-0-1		9% 9535 E. 3.18 B.	
			STELLINGS ON THE		
		Tables adjust		Olefon man	
	maxi soulifile	. Total States - Land			
	T (4.15, 14)	Determinate S			
		AND THE RESERVE	10.000		
16 1/2	and the same	7 374 8 11.7	63.337 p.s.	30 2	
		Mills Comment		1274	
		40 of 10 gh 2	1944 123	Lange He 13 May	

Poges 1 and 2 should be filed with

3694

CERTIFICATE OF DEATH

Por Dist No

)
,

be retained by the haspital or attending physician.

• reversal DIRECTOR: After this certificate has been signed by the ottending physician and complete page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. the registrar prior to buriol, cremation, or remavol, and in any event within 72 haurs after death.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

10 VS A1S (4) 15M 9/58

	• •	- 4			Keg. D	7131. 140.
1. PLACE OF DEATH a. COUNTY		MARYLANE	2. USUAL RESIDENCE (W. a. STATE	/here deceased lived.	. If institution: Reside	ence befare admission)
	e Georges		nary.		b. COUNTY Prince	
b. CITY OR TOWN (If our RURAL and give neare	atside carporate limits, w est tawn)	rite c. LENGTH OF STAY IN 11	c. CITY OR TOWN (IF	autside carporate lin	nits, write RURAL and	give nearest tawn)
Cheve	-	5 days	/O Coll	ege Park		
d. NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, give	street address)	d. STREET ADDRESS	7		e. IS RESTDENCE ON A FARM?
Prince	Georges Ge	eneral Rospital	5002	Cheyenne	Place.	YES NO 🔀
3. NAME OF DECEASED (Type or print)	First	Middle	Lost Mail	4. DATE OF DEATH	March March	Day Year 19 19 60
5. SEX 6.	Thomas COLOR OR RACE 7.	MARRIED NEVER MARRIED		9. AG		R 1 YEAR IF UNDER 24 HRS
Male	And the second second	DOWED DIVORCED	25 Dec. 1	last	birthday) Manths	Days Haurs Min.
100. USUAL OCCUPATION	(Give kind af wark dane	10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State	e ar fareign cauntry)	12.CI	TIZEN OF WHAT COUNTRY
during most of working Retired		Government Cl	erk Montar	na	U	S A
13. FATHER'S NAME	S		14. MOTHER'S MAIDEN	NAME		
John	Mail		Unk	known		
		? 16. SOCIAL SECURITY NO.	INFORMANT		Address	
(Yes, no, or unknown) (If ye	es, give wor or dates of service		Winona M Huto	chson Col	lege Park	, Md.
18. CAUSE OF DEATH	[Enter anly ane cause	per line far (a), (b), and (c).]	- 19			INTERVAL BETWEEN ONSET AND DEATH
	WAS CAUSED BY: MEDIATE CAUSE (a)	massice	Pill. K	untali	4	ONSET AND DEATH
1997	DUE TO		// /			1 2 150 1
Canditians, if any,	· · · · hinh)	Sascim	1550			La persona de
gave rise to imm	ediate					
cause (a), stating the	under- DUE TO					
lying cause last.) (c)	01/5 001/78/01/78/07/07/07/07/07/07/07/07/07/07/07/07/07/	NATIONAL PROPERTY OF THE PER	ANALI BIOTAGE COL	DITION ON SHADE	DT 1/ 1/10 MAS AUTOBSY
PART II. OTHER PART II. OTHER 200. ACCIDENT WAS L OR CONTRIBUTING UP (IF EITHER, NOTIFY ME	SIGNIFICANT CONDITI	ons <u>contributing to death</u> e	BUT NOT RELATED TO THE TERM	WINAL DISEASE CON	DITION GIVEN IN PA	PERFORMED?
	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature af injury in	Part I ar Part II af	item 18.)	
20c. TIME OF INJURY Haur a. m. p. m.			PLACE OF INJURY (Hame, far factory, street, affice bldg., et		vn)	(Caunty) (State
Haur a.m.		While Nat while at wark at wark	raciary, sireer, arrice blug., er	(6.7)		
	I attended the de	MARCH	N3 1960, to 1	MAPOH	190/- (ib-1)	lost saw the decease
A . A . A	001 10		11 25	DM.	11654mai 1	lost saw the decease
olive on A	Cin 17	49.60), and that dec	oth occurred at 11.35			ne dote stoted above DATE SIGNE
ACTUAL S		1	1/56/	ADDRESS (Street, c	ity ar tawn, state)	DATE SIGNE
SIGNATURE	mard 1		_M.D.			
PHYSICIAN'S NAME (Type)	PNARD	PEACOCK	WASHING	TON	D. C.	
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY			City, tawn, ar county)	
Burial	3/23/60	Ft Lincoln	Cemetery	Colmar	Manor, Md	i.
23. FUNERAL DIRECTOR'S S		ADDRESS	24a. REC	MAR 2 4 60	24b. REGISTRAR'S S	4 14
F. Gasch!	s Sons Hy	rattevilla Ma	DATE	MAK 2 4 60	Circhung	S. Thank

rogney con... South the same of CT COM LINE CO. 1 Americal Area in the rotal 1887 1887 the property of the property of the contract of the

The second secon

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Control of the Contro and the state of t The control of the co The state of the s The state of the s The second secon 14.2 - 97.40.26 - 17" - 401.400 b/40, 1 EDARATURE O MATRINES CHERRITERS IN STRATE Secretary to the second of the The South of Farmers of the second of the State of the St

FOR STATE

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after the life any delay is necessary, lease execute the certificate, writing the word "pending" in pencil in Item 18.5 (1, 2, 2, 2, 2, 2) to the funeral director. Page should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perm. Her sages 1 and 2 with the State Board of Health, r its designated agent, prior to burial, cremation, or removal, and in any sent within 72 hours after death. 4 should be forwarded to the Chief Medical Examiner's Office along with TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perm its designated agent, prior to burial, cremation, or removal, and in any 0

6

15. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

PARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

679 Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3696

		0.000	
1		COUNTY PVINCE GEOUGES MARYLAND	a. STATE A Y A M (COUNTY) a. STATE A Y A M (COUNTY) b. STATE A Y A COUNTY)
	Ь	c. CITY OR TOWN (if outside corporate limits, with RURAL end give neerest town)	c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerast own)
ı	(hererly D.O.a	XKOSAryville
	0	A. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
1	1	VINCE Goorge's Const /100	YES NO NO
		NAME OF First Middle	Lat 4. DATE Month Day Year
		(Type or print) FYANK MEC	7 WILLETY DEATH 3 8 1960
	5.	7. MARRISO INCYCK MARRISO 1/2	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	1	1 Ale White WIDOWED DIVORCED DI	Wrohmann abus yes. Months Deys Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work by July 10b. KIND OF BUSINESS OR INDUSTRIBLE OF SOLUTION	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	6	toborer Rod construction	maryland U.S
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	0	impnonen	immon
ı		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	mormant Address Rosarguelle ma
	1	whenonen improven to	Mr. Benry Woods rosanguet, gold.
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY:	a to Cald
		932 O DUE TO	
		Conditions, if eny, which (b)	
		geve rise to immediate cause (a), stating the underlying DUE TO	
		cause last. (c)	
	Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	5		YES NO
Ĭ	CERTIFICATION	2DB. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING	enter nature of injury in Part I or Part I of item 18.)
		CAUSE OF DEATH. Found and	loor of hour with no heat
	MEDICAL	The state of the s	CE OF INJURY (Home, ferm, 2Df. (City or lown) (County) (State)
2	WED	Hour a.m. While Not While at work at work at work	home 16.
		21. I certify that I took charge of the remains described above, he	old an Autopsy Inspection Inquiry and in my opinion
		death resulted from: Natural causes . Accident . Suici	ide, Homicide, Undetermined manner
			CHIEF MEDICAL EXAMINER
		ACTUAL SIGNATURE CONTRACTOR OF THE SIGNATURE	ASSISTANT MEDICAL EXAMINER DATE SIGNED
		EXAMINER'S .	DEPUTY MEDICAL EXAMINER
		NAME (Type) WAMES (1) 01/0	Address (Streat, city, town, or county) $9-9-60$
	22a.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	n.T. I & Then & Marilland
	L	surial 15-15-60 Williamston	Thursday Succession 100 my word
	23.	FUNERAL DIRECTOR P P, ADDRESS & M	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE NAR 1 7 '60 Outling S. Thomas
	M	ivi enarrosa co. Juverdacti Tir	DATE MAR 1 7 '60 Colling S. Thates

THE PRODUCT AND ATTEMPT OF THE PROOF OF THE WINDOWS OF THE PROOF OF THE PROPERTY AND THE PROPERTY OF THE PROPE may have a second

VS A15 (4) 15M 9/58

0

,	U	
1	T	1
18	123	1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3697

CERTIFICATE OF DEATH

Reg. Dist. No.

1	1	0	0	1
1	3	h	0	1

a. COUNTY	тн		2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY	n: Residence b	perfore odmission)		
Prince	Georges	MARYLAND	Maryland		nce Ge	orges		
b. CITY OR TO	WN (If outside corporate limits, write jive nearest tawn)	c. LENGTH OF STAY IN 16		outside corporate limits, write RU	JRAL and give	nearest town)		
Chevel	SPITAL (If not in haspital, give street	31 Days	Mt.Rainie	r				
d. NAME OF H OR INSTITUT	SPITAL (If not in haspital, give street ION	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
Prince	Georges General		3/19 East	ern Ave.		YES NO		
B. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE Mont		Day Year		
5. SEX	Melissa	J.	B. DATE OF BIRTH	March		10 19 61 EAR IF UNDER 24 HI		
Town 1	6. COLOR OR RACE 7. MAR		12-18 -96	lost birthday)	Manths Da			
Oa. USUAL OCCU	PATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN	OF WHAT COUNTR		
Cler	f working life, even if retired)		Pennsy		U	S A		
3. FATHER'S NAM	NE .		14. MOTHER'S MAIDEN I	NAME				
	William C Kroh			Grubb				
5. WAS DECEASE (Yes, no, or unknown)	D EVER IN U. S. ARMED FORCES? 16.		INFORMANT	420 N 2nd St V		rahuma Pa		
	no	V 1 C	ora n drubb	420 N 2na st 1	orante?	ysburg - a		
IB. CAUSE O	F DEATH Enter only one cause per I	ine for (o), (b), and (c).]				INTERVAL BETWEEN		
		I week						
pm 1-1	PART I. DEATH WAS CAUSED BY: Irreversible Shock I Week							
5/	8 V DUE TO							
Canditions,	if any, which) (b) ST	ontaneous Rupt	ture of Esopha	ag us		l week		
	ta immediate (
lying cause	oring the under-							
	, (0)	CONTRIBUTING TO DEATH BUT	T NOT BELLTED TO THE TERM	INTERNATION CONTRACTOR CONTRACTOR	5 1 1 1 D 4 D T 3 /	- 10 MAC ALITOR		
2	n other significant conditions grene of Terminal		I NOT KELATED TO THE TERM	ANAL DISEASE CONDITION GIV	EN IN PAKE 1(6	PERFORMED?		
20g ACCIDEN	T WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II of item 18.)				
		DATE OF THE PROPERTY OF THE PR	ACE OF INHURY (Harry face)	- 1000 1014	16			
20c, TIME OF I			ACE OF INJURY (Hame, farm actory, street, affice bldg., etc	c.) !	(Cour	nty) (Sto		
W F	o. m. 19 at wo							
21 000416	t. that I attended the dance	sed fram. 21814	o . 19 . ta	3/10 1062	46 - A A			
	by that attended the decea			-3		saw the decease		
alive an	, 19	and that death	occurred at 1:15	M fram the causes and	d an the d	ate stated abov		
	1' 1 -	1 -1	1.	ADDRESS (Street, city or town,	stote)	DATE SIGN		
SIGNATURE	stem /	le no tilm	M.D. 346	8 Khodo Tel	And A	Wir 3/11		
JIONATORE_		C.C.C.	.m.o.	W. L. S.	324154	0		
PHYSICIAN'S NAME (Type)	Rean R. he	itsky	Mt-RA	inier, 4d	Br	1, Ler.		
22a. BURIAL, CREA	MATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, tawn, o	ir county)	(State)		
REMOVAL (Sp	March 14. 19	50 Ft Lincol	n Cemetery	Colmar Manor	c. Md.			
	CTOR'S SIGNATURE	ADDRESS			TRAR'S SIGN	ATURE		
	h's Sons Hyatts	medilla Massal						
- · uas	IN S DONS HVALLS	sville, Marvia	DAIE I	MAR 1 5 '60	78 0			

The contract of the second of United the second of the secon A. S. C. Santagana Santagana Santagan S

MANAGEMENT OF THE PROPERTY OF

and a supplied that the supplied to the suppli

Carl March College Col

Market Str. port of the street

service implies him one could

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3769 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PiRHRAL and give pearest fown) Piscatway shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 2 Box 196 Faoral Pk. 2 Box 196 Floral Pk. c NAME OF Lost 4. DATE DECEASED OF DEATH PALMER J. MULLINS Mar. (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years last birthday) 5. SEX B. DATE OF BIRTH White Male WIDOWED | DIVORCED | June 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Mullins Della Borgan IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Yes Myrtle C Mullins-Same#2 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a. ft. While Not while of work at work rough T . 1960, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 6:15 14M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 3 22b. DATE THEREO! 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Cem.

Wasi

ADDRESS

300-4th St.

dome

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS.

USA

(County)

24b. REGISTRAR'S SIGNATURE

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

Va.

(State)

Months

YES.

Arlington

€4a. REC'D BY REGISTRAR

DATE MAR 1 0 '60

ON A FARM?

YES NO T

Year

10 60

BREMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

And the state of t
The American Court of the process of the Affect of the American Court of the American Co
And the second s
AND THE RESIDENCE OF THE PARTY

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03682

Reg. Dist. No.

	o. COUNTY Prince Georges MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. STATE b. COUNTY And institution							
	b. CITY OR TOWN (It outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b				-	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
	and give nearest town					62 4 2							
-	Cheverly D.O.A.			-	Arlington 83X.					O CONTRACT			
E	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)				d. STREET ADDRESS					e. 15 RESIDENCE ON A FARM?			
	Prince Georges General Hospital				911- N. Wayne Street				YES [] NO [
	NAME OF DECEASED	Firs	it	Middle		Last	4. DATE OF	Montl	h	Day	,	fear	
	(Type or print)	William		Wesley		Mutchler	DEATH	Marc	h	24		9 60	
5. :	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED] B. D	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDE			ER 24 HRS.	
	Male	White	WIDOWE	D DIVORCED	J	une 16, 188	34	75 yrs.	Months	Days	Hours	Min.	
100	. USUAL OCCUPATION	ON (Give kind of work of g life, even if retired)	lone 10b. I	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (State	or fareign	country)	12. CI	TIZEN O	F WHAT	COUNTRY?	
				Chemical		Maryland				USA	USA		
13.	. FATHER'S NAME			V.10.112.V.12		4. MOTHER'S MAIDEN				UD A			
	Mar	shall Mutch	ler			Nancy	Ann T	ucker					
		ER IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO. 1	7. INF	DRMANT		Address					
1	No	(ii yez gire wai ar adies ar i	,	225-05-2830	Ma	rgaret Muto	chler:	same add	ress	25	# 2.		
		TH Enter only one cau	se per line						400	INTE	RVAL BETW	EEN	
		H WAS CAUSED BY:			***	a amai arraga	-T d			ONS	ET AND DE	ATH	
		IMMEDIATE CAUSE (a)		nyper tensi	.ve	cardiovascu	mar a	Lsease					
	445	DUE TO											
	Canditians, if a								-56		7 54	-0.32	
	gove rise to immediate couse ((o), stoting the underlying (DUE TO												
	couse lost.							Print of					
z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY												
은			-				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				PERFC	RMED?	
2	00 547501111 011	lan luca									YES 🗍	ио ХХ	
CERTIFICATION													
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea				OF INJURY (Home, fare, street, office bldg., etc.		y or town)	(Co	ounty)		(State)	
MED	Hour o.m.	19	While at we	e Not while ork at work	lociory	, silver, office biog., en	"						
	21. I certify th	at I took charge	of the	remains described a	bove	, held an Autop	sy 🗍 . I	nspection X,	Inqui	ry X	, and	find that	
		from: Natural	_	_		de . Homicid		ndetermined of	_	7	,		
	^	1	10000		001010	, nomicio	с Ц, о	nocremine c		٦.			
	ACTUAL (1 7	NA	1		3					DATE	SIGNED	
	SIGNATURE	sm.J.	1116	aloney		M.D. CHIEF MEDICAL E							
	EXAMINER'S ASSISTANT MEDICAL EXAMINER												
	NAME (Type)	John T. Ma	loney	7. M.D. U		DEPUTY MEDICAL	EXAMINER	XX Ma	rch ?	24.	1960		
220	BURIAL, CREMATIO	N. 22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CR	REMATORY	22d. LOCA	TION (City, town,	or county)		(Stat	e)	
B	REMOVAL (Specify)	Mar.28	3.196	O Cedar	Hi	11	Suit	tland.	. bM				
_	FUNERAL DIRECTOR		,-/-	ADDRESS	Arth oly p		D BY REGIS		STRAR'S SI	GNATU	RE		
	T 70		7.1		-	- LEAR	2 8 '60		wy 8. 1				
_	ree Lin	eral Home	- 10	lashington	D.	C. DATE AL	, 2000		, 2, ,				

THE RESERVE OF THE RESERVE OF THE PARTY OF T [Joji make -3 - 12 stable to a little of the contract of

VS A15 (4) 1SM 10/57

輔

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
3770	CERTIFICATE	OF	DEATH	

Reg Dist No

03683

		neg, con, rec
	1.	PLACE OF DEATH D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY B. COUNT
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4470 For Drive 4470 For Drive e. IS RESIDENCE ON A FARM? YES \(\) NO
		NAME OF DECEASED First Middle Last 4. DATE Month Day Year OF DEATH March 13 - 1960
	S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lif under 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lif under 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lif under 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lif under 1 YEAR IF UNDER 24 HRS. 9. AGE (In years life) 9. AGE (In
1	6	. USCAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME Solmann
	1S. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give work of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ad
V		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH
	į	33/X DUE TO Genditions, if ony, which) the Genderal Carter Steelers of
0		gave rise to immediate cause (a), stating the under-lying cause last.
	CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. P. m. 19 20d. INJURY OCCURRED While of work of twork of twork of twork of two
		21. I certify that I attended the deceased from 19 10 to 3 - 13 0 , 19 66, that I last saw the deceased alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
		ACTUAL SIGNATURE
		PHYSICIAN'S Timothy F. O'Donovan
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY, 22d. LOCATION (City, lown, or county)
	23.	ADDRESS / 3 1 4 A 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEMAR 1 6 '60 Outland & Krous

STAR OF THE CERTIFICATE OF DEATH

distance of the same of the same the spiritual day the fact that the property of The second of th

The first term is a second of the contract of

The state of the s

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tems 1 b & d, Film G258 3/11/60 iwk 3771 CERTIFICATE OF DEATH 800 Dit No.
1	Neg, Dist, rec.
	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY control cont
3 2	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
2 should be filed	d. NAME OF HOSPITAL (If not in haspitol, give street oddress) OR INSTITUTION OR INSTITUTION OR A FARM?
9	2227 Beechwood Rd. 2227 Beechwood Rd YES NO D
C	3. NAME OF DECEASED (Type or print) FRANK Middle PALLIMBO Dearth Warch 3 19 (c)
2	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH lost bishday) WIDOWED DIVORCED 900-14, 1891 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HR: lost bishday) Windows Days Hours Min.
deoth.	100. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT COUNT COUNT COUNT COUNTRY 12. CITIZEN OF WHAT COUNT COUNTRY 13. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT COUNTRY 13. BIRTHPLACE (Stote or foreign country)
carbon pape t after death.	Ongelo Palumbo Josephine Salerno
72 hours off	15. WAS DECEMBED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (161. no of unknown) (If yes, give wer or dotes of service) WAR I Market Marke
please	IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond, (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
Then I vent v	HAMPEDIATE CAUSE (a) CONTROL CHILLIFF OF THE BYP IIMED
ant.	Conditions, if ony, which gave rise to immediate (b)
it per	cause (a), stoting the <u>under-later</u> lying cause lost. (c)
oval, on	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
the burial ar remay	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
use as emotion,	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work
of for	21. I certify that yattended the deceased from Jan 23, 1956, to 1863, 1960, that I last saw the decease
atoche burie	alive on 34 7 7 19 0, and that death occurred at M, from the causes and on the date stated abo
d be d	SIGNATURE SUCHE HOUSE STATE VILLE OF SELECTION OF STATE VILLE OF SELECTION OF SELEC
shauld shauld	PHYSICIAN'S NAME (Type)
page 3 the regis	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Enterwhere 3-7-1960 Ft. Lincolns Maysoleum Bladenthown Mol
15 (4) 9/55	23. FUNERAL DIRECTOR'S SIGNATURE W. Chambers Co Priverdale, And DATEMAR 7 '60 arthur & Krana

		CERTIFICA	2778	
		GIATION		
		of the second of		
THE WELL TO "A				
	(S) and others (S)	1000 Indiana (22.2.1)		
	Automatical evant and	To a second		

M

ARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	11
3700	CERTIFICATE OF DEATH	

03686 Reg. Dist. No.

o. COUNTY		2. USUAL RESIDENCE (W		It institution: Residence COUNTY	before odmission)
Prince Georges	MARYLAND	Maryland	C	Prince Geo	rges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16		autside corporate lim	nits, write RURAL and gi	
Cheverly	18 hr.	Bowie			
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Prince Georges General					YES NO
3. NAME OF First DECEASED (Type or print) Declar	Middle	Last	4. DATE OF DEATH	Month	Day Yeor
booker	RRIED KNEVER MARRIED	Parker B. DATE OF BIRTH	111111111111111111111111111111111111111	March II	YEAR IF UNDER 24 HRS
	_	B. DAIL OF BIKIN	lost	birthday) Months [Doys Hours Min.
Male Negro WIDOV		5-22-99		O yrs.	
100. USUAL OCCUPATION (Give kind of work dane) during most of warking life, even if retired) 13. FATHER'S NAME	autation	14. MOTHER'S MAIDEN	and	12.CITIZ	EN OF WHAT COUNTRY
Gawara 1	agel	Susa	NYO	unker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) [If yes, give war ar dates of service)	S. SOCIAL SECURITY NO.	Marth	m. Pars	Ker Bon	rie Md
1B. CAUSE OF DEATH [Enter only one couse per	line for (a) (b) and (c)]	0	14100	0. 6 10 0 20	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ulmonally	edema			ONSET AND DEATH
1420 DUE TO	0 11	1 = 1			
Canditions, if any, which)	Cahdiac	Leylund			
gove rise to immediate	1	, 11		1 6 11	
cause (o), stoting the under- lying couse last.	ulemoschelo	cand hype	rlenauy h	ealit diseas	el
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
TO ACCIDENT MAS IN DEDIVING TO JOB DE	SCORE HOW INTURY OCCUPAN	pencien	Part I as Part II of 5	tom 10)	IES NO L
	SCRIBE HOW INJURY OCCURRE	e. (chier nature at injury in	raft af Foff of	rem 16.)	
Hour o.m. Whil	60	ACE OF INJURY (Home, for octary, street, affice bldg., etc.		rn) (Co	ounty) (State
21. I certify that I attended the deced	sed from March	13 1960 to	March 1	1960 that I las	t saw the deceased
dive di	7.60, and that death	r occorred di 3235	ADDRESS (Streets ci	ty or towal state)	DATE AIGNE
SIGNATURE CORED LO	aymay	M.D. 6311 A	ello lo	Rewind	al 3/1170
PHYSICIAN'S Dr. David S. C.	ayman, M.D.	6311 Balt	imore Ave	. Riverdale	Md.
22a. BURIAL, CREMATION, 22b. DATE THEREOF BEMOVAL (Specify) 3-17-1966	22c. NAME OF CEMETERY CO	DR CREMATORY	Million (City, town, or county))(State)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS)7	24a. REC	D BY REGISTRAR	24b. REGISTRAR'S SIG	
Willam Geort.	100 We 111	DATE	AR 1 6 '60	Circina d.	/ CLAUM,

3700 CENTER OF SERVICE The standard and married in a still one pair a below the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3732

CERTIFICATE OF DEATH

Reg. Dist. No.

	()	3	6	8	7
--	----	---	---	---	---

	1. PLACE OF DEATH 0. COUNTY Prince Glouge MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Direct Alarge
	b. CITY OR TOWN (If outside corporate limits, write RVRAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
<	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 320 Washendan Blad	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO IN
	3. NAME OF DECEASED (Type or print) Ruth L Middle	tost 4. DATE Month Doy Year OF DEATH March 20 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B WIDOWED DIVORCED	DAYE OF BIRTH 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
í	100. USUAL OCCUPATION (Give kind of work done during most/of working life, even if retired)	RY II. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Marchester Hear Harl
1	13. FATHER'S NAME & adams	14. MOTHER'S MAIDEN NAME Lawrence
I	13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (No. no. or Coknown) (If yes, give war or dates of service)	FORMANT Address 320 was Blid
	18. CAUSE OF DEATH [Enter only one couse per line for [5] (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	As do Tailes INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b) (b)	inseleratie C-11-Wes 5 Uns
	gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO	artereotelisis 20 gre
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING T	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO } \subseteq
þ		(Enter nature of injury in Port 1 or Port II af item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m. p. m. 19 While Not while at work at work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ary, street, affice bldg., etc.)
E	21. I certify that l'attended the deceased from. These I	1946, to 1 /20, 19 6 Chat I last saw the deceased
	ACTUAL SIGNATURE AM ALTRE M	ADDRESS (Street, city or town, stote) DATE SIGNED
	PHYSICIAN'S JOHN M. WARREN	
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. MAME OF CEMETERY OR Sund (Specify) 3/22/60 Salem Cen	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S	240. PRECISIFIAR 246. REGISTRAR'S SIGNATURE DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 NERAL DIRECTOR: After this certificate has been signed by the ottending physician and cample page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, he registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

filled in by the funeral director, roges I and 2 should be filed with

			SETE	
Table				
The second of th				
The state of the s				
Headers place to the property of the control of the property o				
Turber Committee of the Secretary of the				
			MIRANS C	

VS A1S (4) 1SM 9/SB

-7	10	
1	112	1
#im.	M	
D		/

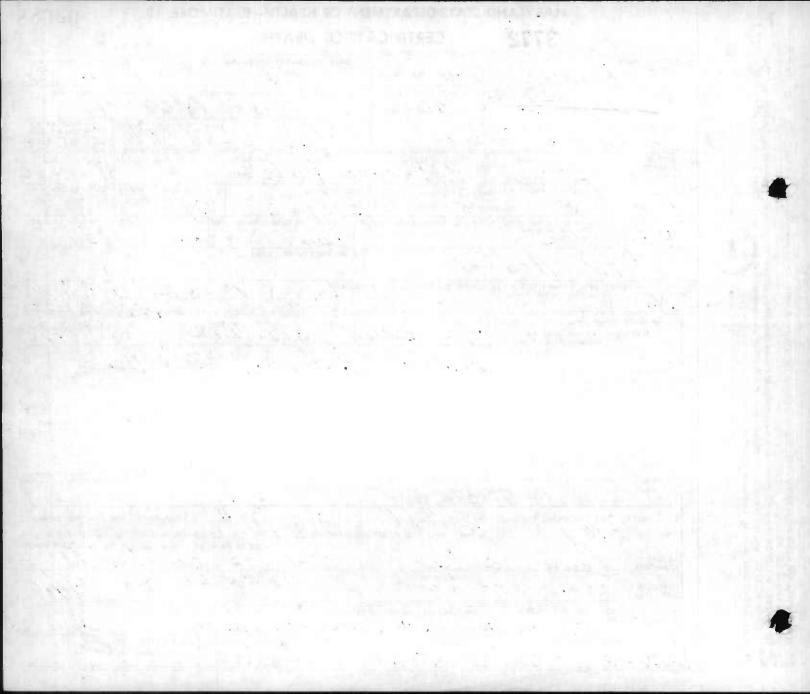
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg.	Dist.	No.

03688

	3772 CERTIFICATE OF	Reg. Dist. No.
1. [1. PLACE OF DEATH a. COUNTY SURCE STATE 2. USUAL 1 a. STATE	RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
	RURAL and give nearest towney 2044. 31	OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OF INSTITUTION I THE FELLE IN THE PROPERTY OF T	ET ADDRESS 6. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) EATE CATHELYINE	Lash / A LATE Month Day Year OF DEATH B 1960
S. 5	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF A WIDOWED DIVORCED 3/5	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10a	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRI during most of warking life, even if retired)	THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	13. FATHER'S NAME AN HENKEL	ER'S MÁIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANY (If yes, give wor or dates of service)	Saw.) Waller He lett N
	1B. CAUSE OF DEATH [Enter anly ane cause per line, far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) LH 20 DUE TO	Marcher 10 Mrs.
	Canditions, if any, which) (b) Arleuc for	George Heart Descare
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II.	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natural of the contributing Cause of Death (IF either, Notify Medical Examiner)	re af injury in Part I ar Part II af item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While Not while at wark at wark at wark	RY (Hame, farm, 20f. (City or tawn) (Caunty) (State) iffice bldg., etc.)
	21. I certify that yottended the deceased from	51, to 3111, 19 that I lost sow the deceased
	alive on 5/11, 19, 60, and that death occurred	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE Leurs Parker M.D. 5	241 SE. DAYNO DES Sel.
	PHYSICIAN'S LEWIS PAIKER	WASH 21. DO 3/1/10
220	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR REMOVAL (Specify) 13/196 & March Leakswill Cemeter	y 22d. LOCATION (City, town, or county) (State) Y Luray Va,
23.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	Vellingy Took woodflock Va.	DATE MAR 1 6 '60



VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		374	O CERTI	FICA	TE OF DEA	TH		Reg. D	ist. No.		368
1. PLACE OF DEATH a. COUNTY Prin	ce Georges		MARY	LAND	2. USUAL RESIDENCE o. STATE Mary	(Where decease	sed lived. If institut b. COUNTY				
RURAL and give no	rdale		c. LENGTH OF STAY	IN 1b		(If outside corp	porote limits, write l	RURAL ond	give nec	rest town	
OK INSTITUTION	AL (If not in hospitat, g Leland Mem				d. STREET ADDRES	ss ack Rd.	R # 1			e. IS RESI ON A YES	DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fir IDA	st	Middle T.		Lost PORT	4. DATE OF DEAT		-	Do 2	,	ear 9 60
5. SEX Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED NEVER MARRIED DIVORCE	_	5-3-70		9. AGE (In years last birthday) 89 yrs.	Months .	R I YEAR Days	Hours	R 24 HRS. Min.
during most of work House	ON (Give kind of work king tife, even if retired Wife Ret.	done 10b.	At Home	R INDUS	TRY 11. BIRTHPLACE (S	State or foreign	country)	12. C		S.	COUNTRY
13. FATHER'S NAME Simon	Speapher				14. MOTHER'S MAID	McGrade	ey				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wer or dates of a None	CES? 16.	SOCIAL SECURITY NO.	. 17. II		Elmer		dress Rt			
	ATH [Enter only one co TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	- /	for (o), (b), and (c).	1	or was						WEEN M
420.	ny, which) (b	C	one, o	it	ine H	oce +	Faile	4-6	(o_u	h
gave rise to in cause (a), stating lying cause last.	the under-	(ll	rtelie	9×-0	deration	Store	tolex	som.	Q (429	١-٧-
Ϋ́		DITIONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE T	ERMINAL DISEA	ASE CONDITION GI	VEN IN PA	RT 1(0) 1	PERFOR	
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRE). (Enter nature of injur	y in Part I or Pa	ort It of item 1B.)				
Y 20c. TIME OF INJUR Hour a. fr. p. m.	Y Month, Day, Yes	20d. th While at work	Not while	20e. PLA fac	CE OF INJURY (Home, tory, street, office bldg.	farm, 20f. (Ci	ity or town)		(County)		(Stote)
21. I certify the	at Lottended the	decease	000	deoth	, 19 <u>60</u> , to occurred at <u>10</u>	AM, fro	om the couses of	and on	lost so	te state	d above
ACTUAL SIGNATURE PHYSICIAN'S	Coysie	bre	THE D	()	M.D						TE SIGNES
22g. BURIAL, CREMATIO REMOVAL (Specify) BUT181	N. 22b. DATE THEREC		Jr., M. D. 2c. NAME OF CEME Carver	TERY OF		22d. LOC	ATION (City, town, Muirkir	or county)		(State)
23. FUNERAL DIRECTOR			ADDRESS		24a.	REC'D BY REGI	STRAR 24b. REGI	ISTRAR'S S	IGNATUR		

CERTIFICATE OF DEATH The could be depresed from the fact of the first of the f THE REPORT OF THE PROPERTY OF the state of the s the control of the co E THE PROPERTY

VS A1S (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3701

CERTIFICATE OF DEATH

		03	CH	1
in the	Engl	110	69	U
Dia	4 B	la	A 2 1	

					Keg. Dist. 140	
-	1. PLACE OF DEATH	**	2. USUAL RESIDENCE (WI	here deceased lived. If inst		ore admission)
	Prince Geo.	MARYLAND	maryla	w of b. com	prince	Ja 0.
1	b. CITY OR TOWN (If outside corporate limits, write c. LENGT	TH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, wri	te RURAL and give ne	corest town)
-	Chevery	yrs !	25 HY2+4s	vi/14 (C)	beverly	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		76 5 K	Imer St		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First	Middle	Lost	4. DATE OF	Month Do	Yeor Yeor
	(Type or print) W 1 (12hd) A	1bert	Praytor	DEATH /V/	arch 1	7 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NE WIDOWED	DIVORCED 8	DATE OF BIRTH	909 9. AGE (In ye last birthdo	y) Manths Doys	Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF I dyring most of working life, even if refired)	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote		12. CITIZEN O	S A
	13. PATHER'S, NAME		14. MOTHER'S MAIDEN			
1	John A. Trayyor		Nola	Wallace		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (15. No. or unknown) (16 yes, give whr pr dates of service) Ve S (17 yes, give whr pr dates of service)	ECURITY NO. IN	s Ruth Pr.	aytor 7	Address 605 Kilm	ier St
	1B. CAUSE OF DEATH [Enter only one cause per line far (a),	(b), and (c).]	, , ,	0 1		ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	a mys	cardial,	Jularche	^ ON	ISET AND DEATH
	420,1 DUE TO //	1	, ,			
	Conditions, if ony, which) (b) / fygur	lusen	2 C- V-T).	1	42.
	gave rise to immediate DUE TO					U
	lying couse lost. (c)			O RESIDEN		V=L, L, dD
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
		V INJURY OCCURRED.	. (Enter nature of injury in	Part I ar Part II of item 18.		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC	CURRED 20e. PLAC	CE OF INJURY (Hame, farm	n, 20f. (City or town)	(County)) (State)
	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OC While Not p. m. 19 at work at work	MILLIC	ory, street, affice bldg., etc	.)		
	21. I certify that I attended the deceased frame	Jan 4	, 196 U, ta M	arch 12, 196	(4, that I last say	w the deceased
	alive an 12 March / 19 60	and that death	occurred at 9 A	M, from the causes		
	19 0/11.			ADDRESS (Street, city or to	wn, state)	DATE SIGNED
	SIGNATURE in m. Tofutchius	М	10. 9315	Landiver	- Ved	
1	PHYSICIAN'S T. M. Hutchins		Hyan	Hs villa	, Jud	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NA	ME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, tax	vn, ar county)	(Stote)
	Burial 3/19/60 Pre	esbyteriar	Cemetery	Alexandria	Virgin	ia
		RESS	24a. REC'	D BY REGISTRAR 24b. R	EGISTRAR'S SIGNATU	
	F. Gasch's Sons Hyattsville	e, Marylan	id. DATEMA	R 2 2 '60 C	Irilian S. Kraw	M.

binalyna slivenski soota inner in

(1 X		MAI
		366
I director, filed with	1. PLACE OF DEATH o. COUNTY Pr	ince Geo
p ed	b. CITY OR TOWN (IF RURAL ond give nec Capitel	rest town)
by the fund 2 should	d. NAME OF HOSPITA OR INSTITUTION	
filled in by the	3. NAME OF DECEASED (Type or print)	Не
Pog 4	5. SEX	6. COLOR OR R
· ·	Male	White
nd campil on papers death.	10a. USUAL OCCUPATION during most of working Servicema	ng life, even if re
in bo	13. FATHER'S NAME	
i i i i i i i i i i i i i i i i i i i	Henry Alb	ert Prin
attending physician and cample please remave carbon papers within 72 haurs after death.	15. WAS DECEASED EVER	7-57 to
ittending please within 7:	18. CAUSE OF DEAT	H [Enter only o
w. w.		H WAS CAUSED

Reg.			1)	3	G	9	
Reg.	Dist.	No.	1	0	U	V	į

	0000							Keg. Dist. I	No.	
1. PLACE OF DEATH o. COUNTY Pr	rince Georg	es	MAR	YLAND	2. USUAL RESIDENCE (WOOD, STATE Maryland	here deceased	l lived. If instituti b. COUNTY		efore admiss e Geei	
b. CITY OR TOWN (I RURAL ond give ne Capitel		ts, write	c. LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (IF a 27 Capitel	outside carpo		URAL ond give	nearest town	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS 326 - 48	th Ave	nue			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fii Henr		Albert		PRINCE, JR.	4. DATE OF DEATH	Marc		Day	Yeor 1960
5. SEX Male	White	WIDOW		ED 🔲	3-9-39		9. AGE (In years last birthday) 21 yrs.	Manths Day		ER 24 HRS. Min.
Servicema 13. FATHER'S NAME	ang lite, even if refired)		OR INDUST	Washing 14. MOTHER'S MAIDEN 1	ten, D	. C.	12. CITIZEN		COUNTRY
Henry All 15. WAS DECEASED EVER (Yes. no. or unknown) YES PT 9-	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO 218-38-7	D. 17. IN	Elizabeth Ormany Jeyce Princ 326 - 48th	e - Wi			ts. Mo	
	ny, which (b	Ewi		•	th pulmonary	metas	stases.		NTERVAL BE DISET AND 1/2 y	DEATH
5 Lobular	pneumonia	mas	sive, bila	teral	OT RELATED TO THE TERM			EN IN PART 1(o	19. WAS PERFO	ORMED?
	MEDICAL EXAMINER)		CRIBE HOW INJURY O	OCCURRED.	(Enter nature of injury in	Part 1 or Part	II of item 18.)			
20c. TIME OF INJUR Hour a. fr. p. m.	Y Month, Day, Ye	While	Not while of work	20e. PLAC facto	E OF INJURY (Home, farm ary, street, office bldg., etc	n, 20f. (City		(Coun	ity)	(Stote)
21. I certify the alive an 3. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at attended the	12	ond that	<u></u>	, 19, 10	ADDRESS (Sh	the causes of th	and an the	date state	deceased ed above. ATE SIGNED 4-60
22a. BURIAL, CREMATIO REMOVAL (Specify)	march 1	of lat	22c. NAME OF CEN	METERY OR	MEmete	4	ION (City, town,	and	Stor	el d
23. FUNERAL DIRECTOR	s SIGNATURE	02	ADDRESS 1661-	yd K	and the	MAR 15		Irthug S.		
		to the same of	wast 9	20	pe					

VS A15 (4) 15M 9/55

decth.

The Elean of Lines of Miles		LICHELEP EL E	
3			
	Transportation		
	Transacional trans		
	Transacional trans		

Q Q VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03693

0/41/5				keg. Dist.	NO.
1. PLACE OF DEATH o. COUNTY	MARWANI	2. USUAL RESIDENCE (W	here deceased lived. If i	VIINITY	
Prince George	MARYLAND	Maryland		Prince	e George
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	139_	outside corporate limits,	write RURAL and give	nearest town)
Cheverly	D.O.A.	Roger He	ights		IC DECIDENCE
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Prince George Hospit		d. STREET ADDRESS	th. Avenue		e. IS RESIDENCE ON A FARM? YES NO V
NAME OF First DECEASED (Type or print)	Middle R	PYLES	4. DATE OF DEATH	3 -	5 th 1960
SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In		EAR IF UNDER 24 HR
Male White WIDOWE	D DIVORCED	Dec. 9. 19	06 53	yrs. Manths Da	rys Hours Min.
a. USUAL OCCUPATION (Give kind of work done 10b. I	KIND OF BUSINESS OR INDU			12. CITIZEN	OF WHAT COUNTRY
during most of working life, even if retired) Maintenance Man C	& P Tel. Co	Weshing	ton. D.C.	U.S	2 4
3. FATHER'S NAME	w 1 10m, 00	14. MOTHER'S MAIDEN			9.453.4
Samuel Sy	200	ann	a ?		- 1144
5. WAS DECEASED EVER IN U. S. ARMED FORCE\$7 16. 9	SOCIAL SECURITY NO.	INFORMANT		Address	
Yes W.W. #2 5'	77-01-0460 4	inne Thelma	Pyles	As Above	9
18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c),]			1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	e ici (e)) (e)) one (e))				ONSET AND DEATH
IMMEDIATE CAUSE (o)	removed acc	lusim			No
4 20.0 DUE TO			4 4	- 1 TY 30	2 40000
Conditions, if any, which) (b) Out	his sclerat	ic beant a	mener		دسر د
gove rise to immediate DUE TO					
lying couse last. (c)					N Special Control
PART II. OTHER SIGNIFICANT CONDITIONS C		NOT RELATED TO THE TERM	AINAL DISEASE CONDITIO	ON GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
1) whates h	ellitus				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS C 20g. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Part I ar Part II of item	1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While at work	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, far	m, 20f. (City or town)	(Cou	inty) (Stote
Hour o. m. 19 While	1401 Willie	ctory, street, office bldg., et	c.)		
p. m,	at work	.40			
21. I certify that I attended the decease	ed fram 25	, 19 41 , ta h	auch 5 , 1	960, that I last	saw the decease
alive an Fue 19 , 196	o, and that death	accurred at	_M, from the caus	es and an the d	late stated abay
0	Deligion and the		ADDRESS (Street, city o	r town, state)	DATE SIGNE
SIGNATURE Zane w horte	lul	M.D			
PHYSICIAN'S EARL 14. M	MITCHELL	, MD. 202	9 - Jus s	+97.7.	Wash. D
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 960	Arlington		22d. LOCATION (City,	, , , , , , , , , , , , , , , , , , , ,	(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 46 4			. REGISTRAR'S SIGN	ATURE
Mallein Furreral Home la		n. ma	, D B1 KLGISIKAK Z4K	O The 8 3	
I I WARRED BOY OF THE POPULATION OF THE POPULATI	-	PATE	0.00	/1 11 w Y 3	F L et al \$4500

AT ALICE RO TEACHERS SOLES

engoell eanimi not in remon . A.O. I would BUES - BALL AVAIG CATY E MONTA 1916 - Miles - Miles - Miles 8, 1206 63 Matchenance May 2 C & B Tell. Co. Line ithercor, D.C. U.S.R. Syr-Ol-Off Anna Theles Byles As Above 11-07-The fact of the control of the contr The said then to be the state of the said to be a second All the property (All the Little of Lands). When the last All parts have a more plant than 150 When the Control of t THE TEXAL IS NOT THE DAY OF THE PROPERTY OF TH . W. preinnies I have dut horanisan in

with the first series and the second series

	X	4	
=		7	1
2	(桶	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3741

CERTIFICATE OF DEATH

03694

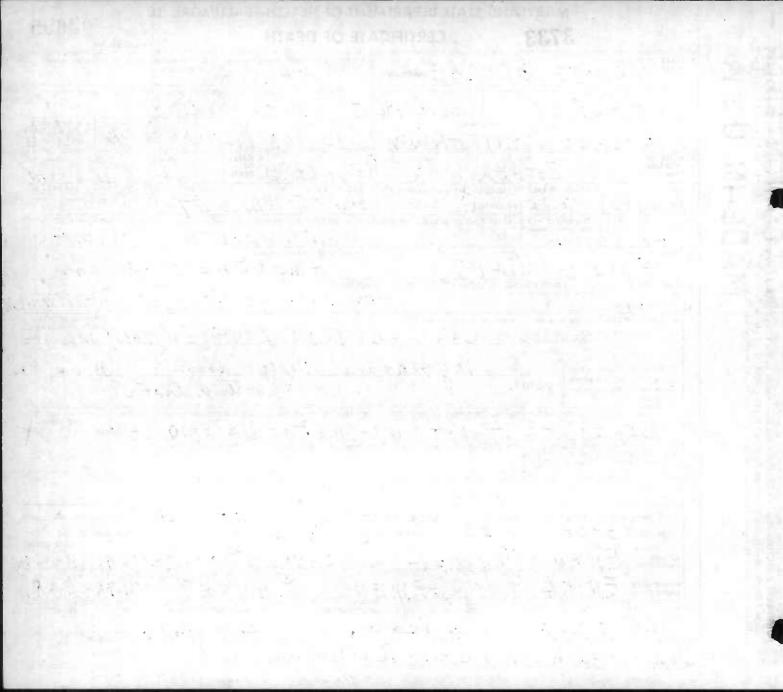
		Reg. Dis	it. No.
1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence on STATE	ce before admission)
L	TRINCE (TEORGES MARYLAND		ice George
	b. CITY OR TOWN (If outside corporate Timits, write GURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
	KIVERDALE 21YRA	- OSKIVERDALE	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	1 d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
4	4908 TUCKERMAN ST	4908 TUCKERMAN SI.	YES NO IX
3.	NAME OF DECEASED (Type or print) PAUL (PAVLO)	QUATTRONE 4. DATE Month OF DEATH MARCH	Day Year 22, 19 (00)
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
1	MALE CAU WIDOWED DIVORCED	JULY 1 1891 Igst bightday) Months	Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITE	ZEN OF WHAT COUNTRY?
	TAILOR	ITALY	1,8,A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	BRUNO QUATTRONE	UNKNOWN	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	PRACE QUATTRONE Address of	SUCKER MAY
1	VES WAR I 579-01-1771	FRACE WUNTIRONE 4908 I	DALE, MD
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (g).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	y ocardiel tail ene	ONSET AND DEATH
	350 × DUE TO	0 / 0	
	Conditions, if any, which) (b) levance	I var cei mia lazeno	104 can.
	gove rise to immediate case (o), stating the under		
	lying couse lost. (c)		
Z. 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
CAT			YES NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (Coctory, street, office bldg., etc.)	ounty) (Stote)
MED	Hour o. m. p. m. 19 While Not while of work of work	octory, areas, orner ologs, esc.)	
	21. I certify that I attended the deceased from. 4-1	1950 to 3 - 22 196 that 11	ast sow the deceased
		h occurred ot 4 P.M. from the couses ond on the	
	7.11	ADDRESS (Street, city or town, stote)	DATE SIGNED
	ACTUAL SIGNATURE	Mp. 4314 Gallatin St.	
		Hyattsville, Md.	
	PHYSICIAN'S Aaron Deitz, M. H.		
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY		(Stote)
E	NTON BUILD 3-26-60 FORT LINCOL	N MAUSOLEUM BLADENSBURG	- Mb
23	FUNERAL DIRECTOR'S SIGNATURE	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
11/	V.W. Chambers Go, Riverdale, 4	MAD 2 9 '60	4.

VS A15 (4) 1SM 9/SS

.•		THE OF DEATH	CERTIFICA	
			(Stagness)	
				e (was all outs 1)
		and street in states well;		
	self on landautes all world			Tulnetti i Test yhusi 1 TC
	1.12	Ereguinde da		Shannan
			• • •	Part Control
Column C				
				According to the life

DEPARTMENT OF HEALTH-LARTENORE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/5B

3704	CERTIFICATE OF	DEATH
2 4 1144		

Reg. Dist. No. ()3696

1. PLACE OF DEATH o. COUNTY Prince Geor	øe.		MARY	LAND	2. USUAL RESIDEN o. STATE Marvlai			lived. If instituti b. COUNTY NCE GEOI		dence befo	ore odmis	sion)
b. CITY OR TOWN (If o RURAL and give near	utside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b				ote limits, write F		nd give ne	arest tow	n)
Chever			12 Days		OCollege	e Par	rk					
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, g	ive street	oddress)		d. STREET ADD	RESS					e. IS RES	
Prince Ge	orge Gener	cal H	ospital		5011	Fox S	St.				YES [NO [
3. NAME OF DECEASED (Type or print)	Fir mes	st	Middle		Riddle		4. DATE OF DEATH	Mar.	nth	12	•	Yeor 19 60
		7. MARR	IED NEVER MARRIE	FD [8	DATE OF BIRTH			9. AGE (In years	IF UND			ER 24 HRS.
Male	White	WIDOWE	-	_	Feb. 28	,188		lost birthdoy) yrs.	Month	s Doys	Hours	Min.
10a. USUAL OCCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE	E (Stote o	or foreign co	untry)	12.0	ITIZENO	FWHAT	OUNTRY
Carpente			Houses		Maryl		200		Į	JSA	1	
13. FATHER'S NAME					14. MOTHER'S MA	AIDEN NA	AME					
James	P Riddle				Emm	a Lo	veles	s				
15. WAS DECEASED EVER I	N U. S. ARMED FOR		SOCIAL SECURITY NO	. IN	ORMANT			Add	ress			
(11)	no. give wor or dollar or a			Eva	M Riddl	e C	olleg	e Park,	Mai	cylar	nd.	
Conditions, if any, gove rise to imm cause (a), stating the lying couse lost.	WAS CAUSED BY: MMEDIATE CAUSE (o DUE TO which hediote under- (c)	De	astro-in	ites	tenal	- &		deng		ON	ERVAL BE	DEATH
PART II. OTHER	SIGNIFICANT CON	OUN	CONTRIBUTING TO DEA	ATH BUT N	IOT RELATED TO TH	IE TERMIN	NAL DISEASE	CONDITION GI	VEN IN F	'ART 1(0)	PERFC	RMED?
PART II. OTHER OF CONTRIBUTING	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OF	CCURRED.	(Enter noture of in	jury in Po	ort I or Part	II of item 1B.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While	NJURY OCCURRED Not while t of work	20e. PLA	CE OF INJURY (Hon ory, street, office blo	ne, form, dg., etc.)	20f. (City	or town)		(County)		(Stote)
21. I certify that alive anMai alive anMai actual signaturePhysician's NAME (Type)	e. 12 Lauren Donald W.	Mit.	Selection Management	death	.b. 1766 K S	2:101 5. 101 St. 1	Me fram I ADDRESS (Str	the causes are reet, city or town,	stote)	the date	e stated	d abave
220. BURIAL, CREMATION, REMOVAL (Specify)	3/15/60	PT	Ammendal					ndale,			(Stai	te)
23. FUNERAL DIRECTOR'S	GIGNATURE		ADDRESS		24	a. REC'D	BY REGISTI	RAR 24b. REG	ISTRAR'S	SIGNATU	IRE	
F. Gasc	h's Sons	Hva	ttsville.	Mary	rland.	AMAR	1 6 '60	and	Jun 8.	Kraus		

The second property of p and the amount of the addingers Charleston of the seguilar classes a seven remo maddin a fif was 7 Tile - pro-150 occuped Danie a Maria de La Company de A Company with Marting Military Land. The Company of the Company o

VS. A15ME(5) 5M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3705 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(13697

1. PLACE OF DEATH o. COUNTY	Prince Ge	orges MARY	YLAND	2. USUAL RESIDENCE a. STATE Mar	yland		ution: Reside		dmission)
b. CITY OR TOWN	N (If outside corporate limits, write & Cheverly	c. LENGTH OF STAY D.O.A.				rporote limits, write Heights	RURAL ond	give neorest	town)
d. NAME OF HOS		not in hospitol, give street oddres ral Hospital	56)	d. STREET ADDRESS		reet		0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Robert	Middle	Ro	binson	4. DATE OF DEATH	March		B Day	Year 19 60
s. sex Male	0-7	MARRIED MEVER MARRIE		7-7-97		9. AGE (In years lost birthdoy) 62 yrs.		Days House	NDER 24 HRS.
during most of wo	rking life, even if retired)	ne 10b. KIND OF BUSINESS OR Janitor	INDUST			country)	12. CITI	ZEN OF WHA	AT COUNTRY!
13. FATHER'S NAME Ge	orge Robinson			14. MOTHER'S MAIDEN		Campbell			
15. WAS DECEASED (Yes, no. or unknown) Yes	EVER IN U. S. ARMED FORCE (If yes, give war or dates of ser			PORMANT Clen Thomas		County Md.	ad, Di	Lstrict	t
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony, which mediate couse			estive hea	metal:			INTERVAL BE	
20g EYTERNIAL		TIONS CONTRIBUTING TO DEATH					VEN IN PART	1 (a) 19. WA PER YES	RFORMED?
PRIMARY OF CAUSE OF DEAT	ONTRIBUTING []	20d. INJURY OCCURRED 20	Oe. PLAC	E OF INJURY (Home, fo	orm, 20f. (Ci	If of item 18.)	(Cau	enty)	(Stote)
20c. TIME OF IN	n. 19	While at work at work		ry, street, office bldg.,				RPSV	
		of the remains described business XX, Accident ,			de □, l	Inspection [2]. Undetermined of			d find that
EXAMINER'S NAME (Type)		loney, M.D.	ERV OR	ASSISTANT MED DEPUTY MEDICA	DICAL EXAMINAL EXAMINER	NER M	arch		1960
REMOVAL (Speci	3-11-6	Chart	7	2 Mat	a	ation (City, town,	or county)	as	tate)
23. SUNERAL DIRECT	Washing of	4925 ADDRESS	Del	0 4 4 17.10	MAR 1 4		STRAR'S SIG	1 1	

J., _____ e 100 C 101

VS A1S (4) 1SM 9/SB

PHYSICIAN'S NAME (Type)

22b. DATE THEREOF

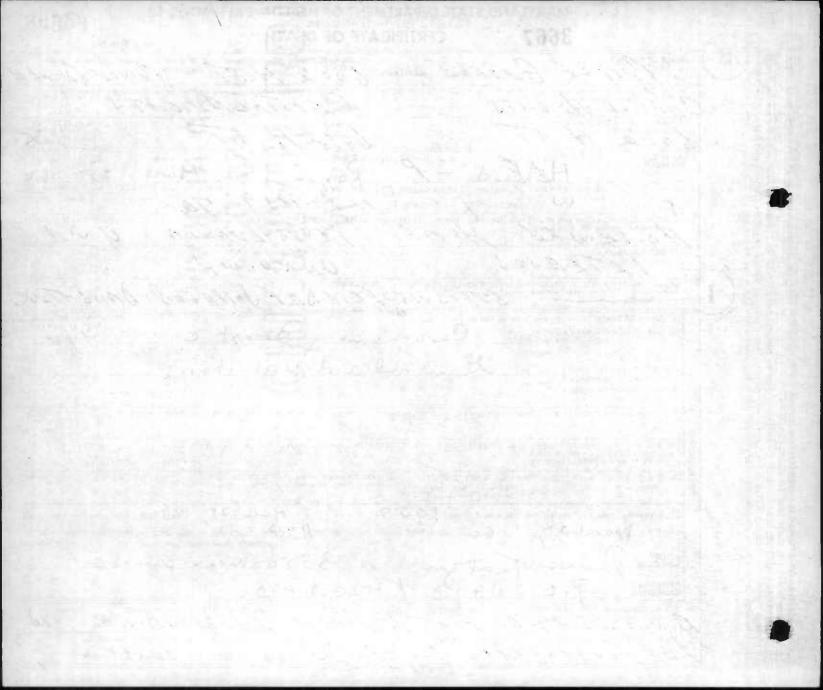
	MARYLAND STATE DEPARTMEN	03698				
1	3667 CERTIFICAT	TE OF DEATH Reg. Dist.	0 0			
)	1. PLACE OF DEATH a. COUNTY PINCE GLOCEGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b. COUNTY EINC	/////			
(b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest town)			
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print) Hilfred First P. Middle Roge (Type or print)	Koren DEATH March	Day Year			
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. I		YEAR IF UNDER 24 HRS. ays Haurs Min.			
	100. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTR during mast of working life, even if refired)	PENNSYLVANIA U	OF WHAT COUNTRY?			
/	13. FATHER'S NAME ITER SON	14. MOTHER'S MAIDEN NAME				
	13 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INK (1985, no, or unknown) (If yes, give wor or dates of service)	CIEDAF JOHN SON - DA	OUENTER			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	no Brant E	INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if any, which) (b) (b)	2rd M. tostoric				
	gove rise to immediate couse (o), stating the under-lying cause lost.					
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	ot related to the terminal disease condition given in part 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature af injury in Part I or Part II of item 18.)				
		E OF INJURY (Home, form, 20f. (City or town) (Carry, street, office bldg., etc.)	unty) (Stote)			
	21. I certify that I attended the deceased from 1957	19 to March - 25, 1960, that I lost	sow the deceased			
		ccurred ot 11.40PM, from the couses ond on the couses (Street, city or town, state)	dote stoted obove. DATE SIGNED			
	SIGNATURE A COLOR M. E. M. E. M. E.	35,50-Minn. aug. 5	ine . J.E.			

22a. BURIAL, CREMATION, REMOVAL (Specify) COL ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE MAR 2 9 '60

22c. NAME OF CEMETERY OR CREMATORY

24b. REGISTRAR'S SIGNATURE arthur S. Kraus (State)

22d. LOCATION (City, tawn,



MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
----------	------------------	----------------------	----

CERTIFICATE OF DEATH 3773 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PRINCE GEORGES DISTRICT OF COLUMBIA COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) WASHINGTON DC ANDREWS AIR FORCE BASE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION USAF HOSPITAL ANDREWS ON A FARM? 1414 KEARNY ST, N.E. YES NO DO NAME OF Middle 4. DATE Manth Year DECEASED LUTHER (NMI ROOTS DEATH MARCH (Type or print) 1960 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Manths Days MALE NEGROID WIDOWED | DIVORCED | AUGUST 1902 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
BOILER FIREMAN US GOV'T EMPLOYEE VIRGINIA USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SOLOMON ROOTS ALICE - Last name unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address MAUDE LUTHER ROOTS SAME AS 2 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIAC ARREST IMMEDIATE IMMEDIATE CAUSE (0) DUE TO 2 YRS Canditians, if any, which INSUFFICIENCY gove rise to immediate DUE TO cause (a), stoting the under-CARDIO MEGALY lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. While Not while factory, street, affice bldg., etc.) (County)

21. I certify that I attended the deceased from 14 MARCH , 1960, to 14 MARCH , 1960, that I last saw the deceased glive an 14 MARCH 19 60 and that death accurred at 605P M from the course and an the data attended to the

(State)

alive an 14 MARCH , 19 60 , and that death accurred at 1605P M, from the causes and an the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL
SIGNATURE

M.D. ANDREWS AIR FORCE BASE 14 MARCH 1960

PHYSICIAN'S REGINALD P MCMANUS, CAPTMUSAF, MC USAF HOSPITAL ANDREWS, WASHINGTON 25, D.C.

NAME (Type)

22a. BURIAL, CREMATION, REMOVAL (Specify)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(State)

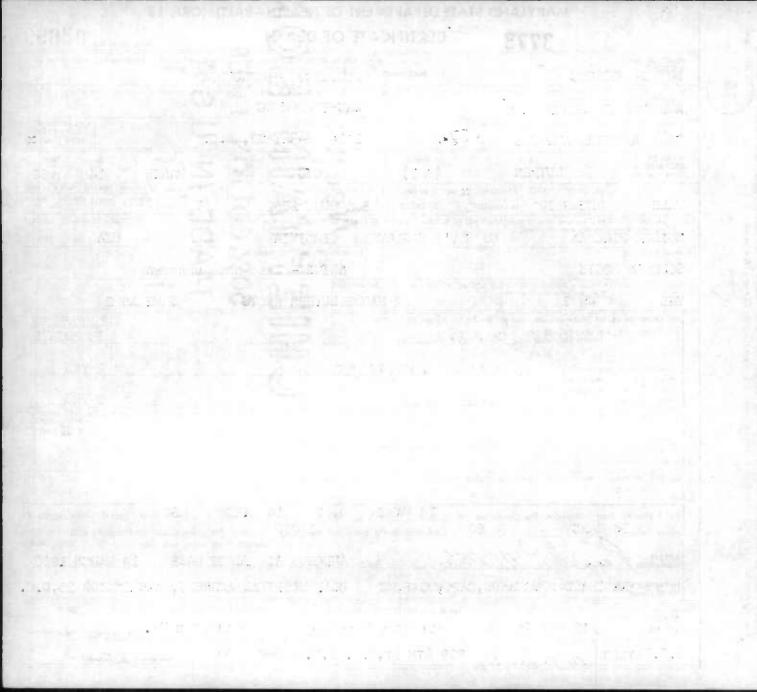
BURIAL 18 MAR 60 ARLINGTON NATIONAL ARLINGTON VA.

23. FUNERAL DIRECTOR'S SIGNATURE

B.F. TAYLOR R. F. Taylor

VS A15 (4) 15M 9/5B

0



3706 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND Geo. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly West Lanham Hills d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 742 Decatur Road YES NO X NAME OF DECEASED Middle 4. DATE Lost Month Day Year OF DEATH (Type or print) Richard 19 60 Bauer Ross Mar. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours Male 2 yrs. white WIDOWED [7] DIVORCED T 12-30-07 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Machinist U.S. Navy Yard Illanois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Bauer Owen Ross 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 321-05-8620 No Josephine Ross: same address as 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c). INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (o) DUE TO Rheumatic heart disease Conditions, if ony, which gave rise ta immediate couse DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NOTE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) factory, street, office bldg., etc.) o. m. While Nat while ot wark ot work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X. Inquiry K), and find that death resulted fram: Natural causes A. Accident . Suicide . Hamicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER!** Malonev: NAME (Type) John DEPUTY MEDICAL EXAMINER K 1960 March 4. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, tawn, or county) Burial 3/8/60 Mt. Olivet Washington D. C. 23. FUNERAL DIRECTOR'S SIGNATURE 4739 Barrinore Avenue 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

Hvattsville, Marvland

MAR 9

DATE

arilow & House

VS. A15ME(5) 5M 9/55

Gasch's Sons

the Chief /

00

rwarded to

DEPUTY

should be

director. Page

ony

oup

Give Pages 1, pages

0

registror prior

with 0 refoir 2 wit

pup

pe

may

5 Page

P.M.3.

long

0

00

METERS AND ALL STATES AND ALL STATES

A	1		
ex e	۵		P
9	200		pat
9	sho		ren
Q	4		,
7	ge		.2
SSC	Po		2
20	-		2
S	cto		ŏ
~	ire	es.	p
elo	-	4	D
P	erc	O	ist
GU	5	^	rec
94m	1	1	2
	-	e	I
to	3 +	o.	
P	P	re	0
ler	5	Pe	Pu
ō	4	7	0
Urs	-	Ĕ	80
20	ges	S	60
24	0	960	9
.5	e ×	۵.	E
Vith	Ö	53	
5	60	2	Ē
ute	-	E	be
Gec	ten	P	Si÷
6	-	i	5
مّ	=	3	-
P	eno	ano	- L
For	Q.	0	Ā
0 0	.=	ice	S
Cat	. Bc	75	0
ij.	g	S	JSe
CEL	per	Jer	0
2.5	:	·Ē	70
F	ard	X	an
20	3	-	-s
Z	the	Sic.	ധ
A. B.	Bu	Nec	60
X	E	40	
-1	3	.hi	Ö
Y MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please exec	certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to "uneral director. Page 4 should be	9	AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crematian,
2	fice	£	20
Z	it.	10	0
>	C	eq	4

VS. ATSME(S) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3707 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg.

Dist. No.	03	7	1	-
Dist. No.	0 -	.0	V	-

1.	o. COUNTY					2. USUAL RESIDENCE	E (Where dece			before ad	mission)
	Prince Georges MARYLAND					o. STATE Maryland b. COUNTY Prince Georges					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)			c. LENGTH OF	STAY IN 16	IN 1b c. CITY OR TOWN (If outside corporate limits,			RURAL and gi	ve nearest t	lown)
				D.O.	.A.	43 Tuxe	do				
2	d. NAME OF HOSPITA	L OR INSTITUTION	If not in ha	spital, give street o	oddress)	d. STREET ADDRES	S				RESIDENCE
1	Prince	Georges G	enera	l Hospita	al	5809 A	rbor S	treet			N A FARM?
3.		Fir		Midd		Last	4. DATE	Moni	h (Day	Yeor
	(Type or print)	Louis	A:	rthur	Scheid	it	OF DEATH	March	3rd		1960
5.	SEX	6. COLOR OR RACE	7. MARRI	ED X NEVER MA	ARRIED B	DATE OF BIRTH		9. AGE (in years	IF UNDER TYE		DER 24 HRS.
	Male	white	WIDOWE	D DIVOR	CED 🔲	2-6-91		69 yrs.	Months Day	/s Hours	Min,
10	a. USUAL OCCUPATION	N (Give kind of wark	dane 10b. 1	KIND OF BUSINES	S OR INDUST	RY 11. BIRTHPLACE (SI	ate ar fareign	country)	12. CITIZEN	OF WHA	T COUNTRY?
	during most of working	an even if refired)	1	W.S.San.	Comm.	Ma	ryland			U.S.	A.
1:	3. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				,
		Henry	A - :	Scheidt		Johan	na Be	cker			
	S. WAS DECEASED EVE		RCES? 16.	SOCIAL SECURITY	NO. 17. I	FORMANT		Address	5		
1	Yes	TAT TAT		19-05-181	10 27-	zabeth Sch	eidt.	roho oddr	000 00 1	# 2.	
	18. CAUSE OF DEATI	[Enter anly one cau				Detection Den		Gentle editi	1	NTERVAL BETY	WEEN
Т	PART I. DEATH WAS CAUSED BY:										
1	Acute congestive heart failure 4-4-2 × Due TO										
1	Condition if any disk										
	gove rise to immediate couse										
	(o), stating the uncouse last.	(c)									
Z	PART II, OTHE			ONTRIBUTING TO I	DEATH BUT N	OT RELATED TO THE TE	RMINALDISEA	SE CONDITION GI	VEN IN PART I	o] 19. WAS	AUTOPSY
										YES T	ORMED?
CERTIFICATION	20a. EXTERNAL CAUS	E WAS _ 20	b. DESCRIBI	E HOW INJURY O	CCURRED. (E	nter nature of injury in	Part I ar Port	II of item 18.)			
CEB	CAUSE OF DEATH.	IRIBUTING []									
3	20c. TIME OF INJURY	Month, Day, Yea	or 20d.	INJURY OCCURRE		E OF INJURY (Home, f		ity or tawn)	(County))	(Stote)
MEDICAL	Hour p. m.	19	While of we	e Nat while	_	ry, street, affice bldg.,	elc.)		2 1 50		
1		ot I took chorae		-		ve, held on Auto	nev 🗖	Inspection X	, Inquiry I	M and	find that
1			-	-	-					Dr. dild	rmu mor
	deoth resulted from: Natural couses X, Accident , Suicide , Homicide , Undetermined cause .										
	ACTUAL	han ?	DAA.	Donace	1 -	M.D. CHIEF MEDICAL	FXAMINER T	7		DATE	SIGNED
	SIGNATURE		LLC	THE WALL		_M.D. CHIEF MEDICAL					
1	EXAMINER'S NAME (Type)	John T. Ma	loney	, M.D.		DEPUTY MEDIC			March	3, 1	960
22	REMOVAL SPECIFOR		160	Farkel	METERY OR	- Cemeter		ATION (City, town,	ar county)	(Om	ote)
23	FUNERAL DIRECTORIS	SIGNATURE	6	ADDRESS	0 0	Na - 240. kg	EC.D BY SECT	STRAR 24b. REGI	STRAR'S SIGNA	TURE	-
1	V.W. Ehra	mbers	60.0	Kevera	tale,	MA DATE	MAR 7	760	Cirthun S.		1000
						DATE	~	ileas.			

DUN LA MARINA Lawrence Harrison . Note that the first of the state of the st

. . .

CERTIFICATE	OF	DEATL
CERTIFIC ATE		

03702

			37	74	CERTIF	ICAT	E OF DEATH	1		Reg. Dis	st. No.		
	1. 1	LACE OF DEATH COUNTY Prince George MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before of the county of the c								on)			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clearview Clearview							URAL ond g	give nea	rest town				
		d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g 10Delano		oddress)		d. STREET ADDRESS	no Dr.					DENCE FARM? NO
	3. NAME OF First DECEASED (Type or print) MARTA (Middle C.4.		SCHWENK	4. DATE OF DEATH	Mar.	_	Do 19th		reor 1960
	5. 5	Female	6. COLOR OR RACE White	7. MARRI WIDOWE	DIVORCED		Apr. 1872		9. AGE (In years last birthday) 87 yrs.	IF UNDER Months	1 YEAR Doys	Hours Hours	R 24 HRS. Min.
		during most of work Houses	ing life, even if retired	done 10b.	NIND OF BUSINESS OR I		Mary	land	untry)	12. CITI	CITIZEN OF WHAT COUNTRY?		
	13.	FATHER'S NAME	Frank Rich	ardso	n	1.	4. MOTHER'S MAIDEN N	hael P	yles			Tire.	
	15		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		mant garet N. Zse	oldos	10 Dela				
		The second secon	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	12-	e for (0), (b), and (c).]	ara	hat Deco	refer	exateo-	-	INTE	RVAL BE	TWEEN DEATH
		Conditions, if a gove rise to i couse (a), stoting	mmediate (40	eneral a	rte	uo Sclero	sea			Ev.	ahn	nn.
2	CERTIFICATION	lying cause lost. PART II. OTH	J (c IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	- my	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	/EN IN PAR	T 1(a) 1	PERFO	AUTOPSY RMED? NO 🔼
		20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	17	inter noture of injury in I	Port 1 or Port	II of item 1B.)	BE.			
	MEDICAL	20c, TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes		JURY OCCURRED 20 Not while of work	e. PLACE foctory	OF INJURY (Home, form , street, office bldg., etc	20f. (City	or tawn)	(0	County)		(State)
21. I certify that I oftended the deceased from form 4, 1956, to TH and 19, 1966 that I lost sow the decolive on Thomas II, 1960 and that death occurred of 1970, M, from the couses and on the date stated of								obove.					
	22a	PHYSICIAN'S NAME (Type) T BURIAL, CREMATIO REMOVAL (Specify)		F	Natta 22c. NAME OF CEMETE	RY OR CF	5440- Silve	r_Hill	I_RdS,	or county)	M	aryl.	
		FUNERAL DIRECTOR	23 Mar .	12	Congression ADDRESS 1001Good Washington	d Hop	24a. REC'	D BY REGISTS MAR 2 1	rar 246. REGI	STRAR'S SIG	GNATU		

Washington DO

filled in by the funeral director ges I and 2 shauld be filed with be retained by the haspitol or ottending physician.

Set retained by the haspitol or ottending physician and cample?

FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cample?

FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cample. requires that the death certificate be executed and in any event within 72 hours after death the registrar priar to buriol, crematian, ar removal,

VS A15 (4) 15M 9/5B

To STEE SILVERY & The second secon A 612 SENO PROPERTY. THE RESERVE OF THE PARTY OF THE DA STATE OF THE ST eral net in the set of the I m Ayenes | .S.C.y. | Collin sevial social and the second of the second of the second 10.50

VS A15 (4) 15M 9/58

181

MARYLAND 3708		ATE OF DEATH RESERVED.
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: o. STATE Maryland b. COUNTY:
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Cheverly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUR)
d. NAME OF HOSPITAL (If not in hospitol, give street or INSTITUTION Prince Georges General	/d. STREET ADDRESS 42 E. Ridge Rd.	
2 NAME OF	642.1.11	LA DATE

	Reg. D	st. No.
1. PLACE OF DEATH O. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Reside o. STATE b. COUNTY in me	Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Cheverly c. LENGTH OF STAY IN 1b 23 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Prince Georges General	/d. STREET ADDRESS 42 E. Ridge Rd.	e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print) Oswald Semore Middle	Smith 4. DATE Month OF DEATH March	15 Year 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Wildowed Divorced Divorced	8. DATE OF BIRTH Sept.15 1895 9. AGE (In years left UNDE) Manths 64 yrs.	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) Maintance Heating		IZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Richard Smith	Jennie Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	INFORMANT Address Imer Smith Hyattsville, Mar	yland.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) July 100		INTERVAL BETWEEN ONSET AND DEATH
610 X DUE TO Puelon ephilit	tis acute + Chionic.	
gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO Couse (b) Value (b) Value (c) Pho Static	hyperthophy, perigr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU Sulfical abase C of Might bids 200. ACCIDENT WAS UNDERLINED OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT RELATED TO THE TERMINAL DISLASE CONDITION GIVEN IN PA VERY (2) acute pelicandite	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. Finter nature of injury in Port I & Part II of item 18.)	
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. If While Not while of work at work at work	PLACE OF INJURY (Home, form, actary, street, affice bldg., etc.)	Caunty) (Stote)
21. I certify that I attended the deceased fram. / Lasts.	, 1957, to 3-15 , 1969that I le	ast saw the deceased
7-65-	th accurred at 1:35PM, from the causes and an th	
///M (/// A	ADDRESS (Street, city or town, state),	DATE SIGNED
SIGNATURE MULLIN MELLINAM	M.D. 9-E Parkway, Green belt,	Md 3-13-6
PHYSICIAN'S William C Weintraub	9 E Parkway Greenbelt, Md	•
220. BURIAL, CREMATION, PEROVAL (Specify) Burial March 18, 1960 George Wa		yland.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SI	GNATURE
F. Gasch's Sons Hyattsville, Ma	ryland. DATEMAR 17'60 Orthur S.	Kraus

			3705
	0.712, 34,		Algum Court
		3 y 6 1 CS	
	a		Guarde, de prop. por la con-
	The United		
	Virginia		0000-202-00
		87	ind bredgin
		water to	
agenticined to a derivine.	no in a A Reserved and uncompain	autorice	
			ando al'aband pe
1 to 1	N. A. Carlotte		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03704 CERTIFICATE OF DEATH Reg. Dist. No director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Maryland Prince George Howard funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe P RURAL and give nearest town) pluods d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Jessup Laurel General Hospital NAME OF First 4. DATE Middle Lost Month Day Yeor (Type or print) DEATH 19 60 Maggie Stembler March IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthday) Months Days WIDOWED | DIVORCED [7] Female camp 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Redmiles Mary Carrott IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 ottending Hospital Records CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY Diverticulosis and Diverticulitis of sigmoid colon: IMMEDIATE CAUSE (o) with hemorrhage. DUE TO vears. 5 H. Conditions, if ony, which any gned gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES | NO . Arteriosclerotic Cardiovascular Disease. with cardiomegalv 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 of Port 1 of item 18.) as the WEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while. of work of work 21. I certify that I attended the deceased from 28 February, 1960, to 15_March 19 60, that I last saw the deceased detached March 19 60 1:35M, fram the causes and on the date stated above. and that deoth occurred at_ ADDRESS (Street, city or town, state DATE SIGNED ACTUAL pe be retained NERAL DIR e 3 shauld b PHYSICIAN'S NAME (Type) Street, Taurel, Compton M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) age REMOVAL (Specify)

ADDRESS

.C. Higinbothom - 106 Columbia Rd. Ellicott

24g, REC'D BY REGISTRAR

C+ DATE MAR 21 '60

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/SS 23. FUNERAL DIRECTOR'S SIGNATURE

hours ofter deoth.

executed

requires that the death certificate

269, 829, 922				
		saddle.		ne again
				MITTE
				1111111
		examel Talons	W. 152. 01201014	CONTRACTOR
	Countries 1861			offers (s) S
				1250
	A TANK AND A SHOP	of the Police		and the same of
	,		That is the second	PURPLE
			T I SCHOOL HAD USE THE	PURPLE

24 haurs ofter death. Page 4 Pages 1 and 2 should be filed with **WOSPITAL OR ATTENDING PHYSICIAN**: The low requires that the death certificate be executed with TO FOVERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Per registrar priar to burial, cremating, ar removal, and in any event within 72 hours after death.

10 VS A1S (4) 1SM 9/SB

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE	, 18
0	e.				

3710 CERTIFICATE OF DEATH

03706 Reg. Dist. No.

o. COUNTY	. Francis	Per la	1			Where deceased		on: Residence	before admis	sion)
4	George		MARY	LAND		land	D. COOI(11		, Ge.	n.
b. CITY OR TOWN (If	outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b			rote limits, write f	URAL ond give	e nearest tow	n)
Chever	rlv				Upper Ma	rlboro				
OR INSTITUTION					d. STREET ADDRESS				ONA	SIDENCE A FARM?
Prince (George Gene	eral	Hospital		Route 2	Box 78			YES	1 NO
3. NAME OF DECEASED	Fin	st	Middle	- 10	Last	4. DATE OF	Mor	ith	Day	Year
	Katherine				Stewart	DEATH	Mar.			19 60
s. sFemale	6. Color or RACE			1	ATE OF BIRTH	~	lost birthdoy)			Min.
				-11	101	3	0	lua aurum		
during most of work	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUSTRY	11. BIRTHPLACE (Sto	ote or foreign co	ountry)	12. CITIZEI	S, G	COUNTRY?
13. FATHER'S NAME		0.	/_	14	I. MOTHER'S MAIDEN	NAME				
Patu	ck &	ten	art		Unit	know	n			
S. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	/ INFO	RMANT ()	-	Add	ress		
Yes, no, or unknown)	If yes, give wor or dates of s	ervice)	0	Edil	to pete	reuso	W-71	pker !	Marl	boro
18. CAUSE OF DEA	TH [Enter only one co	use per fir	ne for (o), (b), and (c).]	^	El .	. ///	1			
PART I. DEAT		1	mag n	00%	Heart	10	100021	2	ONSET AND	DEATH
1120		-	019011	Cocc	1.0011		- CCC			
1 4d0,	O DUE TO	/.	. /	1	1 11	20114	XO2 20			
		CL	Exercoso	ileo	Tel Ite	e431	recise	are		
	DITE									
lying couse lost.		-1								
Z PART II. OTH			ONTRIBUTING TO DEA	TH BUT NO	RELATED TO THE TER	MINAL DISEAS	CONDITION GI	/FN IN PART 1	(a) 19. WAS	AUTOPSY
9									PERFO	DRMED?
2									AF2	I NO [
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRED. (E	nter noture of injury i	in Port I or Port	II of item IB.)			
20c. TIME OF INJURY	Y Month, Doy, Ye	or 20d. IN	VIURY OCCURRED	20e. PLACE	OF INJURY (Home, fo	arm, 20f. (City	or town)	(Cou	inty)	(Stote)
Hour o.m.	19	While	Not while	foctory	street, office bldg.,				,	
21 Leastifu th	at I attanded the	4	od from Mass	18	1060 -	Man 1	3 10.61	Mark I Janet		
	211 0	deceds								
alive anMa	r. 10//	, 19.6	$Q_{}$, and that	death oc	curred at 5:21					
	1/0				1211/2	ADDRESS (S	reet, city or lown,	stote)	DA	E SIGNED
	2 Cla	Repl	nau	м.6	0011 00	210 A	to 1 ced	2004	3	15/6
								Ken		
	NI 20L DATE THERE)E	In house of estimate	7504 - 0 - 0		224 1004	IONI (City town		IC.	4-1
REMOVAL (Specify)		1 -	ZZC. NAME OF CEME	TENT OR CK	11 10	1112	Charles, lown,	or county)	m -1	
	10 001	00	1 Horry -	Jan	-	100	unic	u	11100	
3. FUNERAL DIRECTOR'S	SIGNATURE	111	ADDRES	/1.	24a. RE	C'D BY REGIST				
Auny s. U	/ acomission	77	20 Mean	vy vv	C // 2 DATE	MIL E E O		D. 10		
	O. COUNTY Prince b. CITY OR TOWN (III RURAL ond give ne Cheve) d. NAME OF HOSPITION OR INSTITUTION Prince (INSTITUTION PRINCE	D. COUNTY Prince George b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL (If not in hospital, gor Institution) Prince George Gens 3. NAME OF DECEASED (Type or print) S. SEX (COLOR OR RACE COLOR OR RACE (If yes, no, or unknown) 18. CAUSE OF DEATH [Enter only one color of the color of	D. COUNTY Prince George b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION) Prince George General 3. NAME OF First (Type or print) Katherine S. SEX COLOR OR RACE (If yes, give wer or dates of service) 10. 11. FATHER'S NAME I. DEATH (Enter only one couse position) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH LYON OR CONTRIBUTING CAUSE OF DEATH HOUR O. M. P. M. 20c. ACCIDENT WAS UNDERLYING CONDITIONS CONTRIBUTING CAUSE OF DEATH Hour o. M. P. M. 21. I certify that I attended the decease alive an light of work ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, Care and the recommendation of the couse (o) and the cous	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince George General Hospital 3. NAME OF First Middle DECEASED (Type or print) Katherine S. SEX PEMALE 6. COLOR OR RACE COLORED WIDOWED DIVORCES 100. USUAL OCCUPATION (Give kind of work done during most set working life, even if retired) 103. FATHER'S NAME 104. S. SEX S. WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, no, or unknown) 105. COLORED BY IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA COLORED WHILE COLORED BY PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA COLORED While COLORED COLORED COLORED COLORED COLORE	D. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Cheverly d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Throe George General Hospital Middle RECASE RECASE Middle RECASE RECA	Decided to the control of the contro	D. COUNTY Prince George b. CITY OR TOWN If Journal of County Or DIVOR COUNTY BURAL odgive neorest long give neorest long give notest long give neorest long give neorest long give neorest long to the property d. NAME OF HOSPITAL (if not in hospital, give street oddress) Prince George General Hospital 3. NAME OF First Middle Lost Stewart 4. DATE OF DECRASED NOTIFIED 3. NAME OF PRINTING COLOR OR RACE WIDOWED DIVORCED DIVORCED 12. NAME OF PRINTING 13. FATHER'S NAME LOST LOST	D. CINTY Prince George b. CITY OR TOWN If outside corporate limits, write RURAL and give necrest form Cheverly d. NAME of NOSPITAL (In or in hospital, give street oddress) Prince George General Hospital NAME of NOSPITAL (In or in hospital, give street oddress) Prince George General Hospital NAME of Decrease Prince George General Hospital NEXT DATE OF BIRTH PAST HOSPITAL (In or in hospital, give street oddress) Prince George General Hospital NAME of Decrease Prince George General Hospital NEXT DATE OF BIRTH PAST HOSPITAL (In or in hospital) NAME of Decrease NAME of Decrease Prince George General Hospital NAME of Decrease NAME of	B. COUNTY Prince George B. CITY OR TOWN (If outside corporate limits, write RURAL and give recreated from the prince of the pri	B. COLONY Prince George B. CITY OR TOWN (If outside corporate limits, write purples of the colon of the colo

LASO OF STATEMENT DIES - 160 TENON. The state of the s exclest Chambrach for the territor of the

090

If any delay is necessary, please exe-funeral director. Page 4 should be your files.

crematian,

the registrar priar to burial,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03705

					Neg. Dist. 14	0.
1. PLACE OF DEATH		2. USUAL RESIDENCE (V	Vhere deceased			efore admission)
Prince Geor	ges MARYLAND	o. STATE Mar	yland	b. COUNT	Pr.	Geo.
b. CITY OR TOWN (If outside corporate limits, write RUR and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpore	ate limits, write	RURAL and give	nearest town)
Cheverly	D. O. A.	X Bo	wie			
d. NAME OF HOSPITAL OR INSTITUTION (If no	t in hospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Prince Georges Ger	eral Hospital	Rear of	Railr	oad In	in	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE	Manth	n Doy	Year
(Type or print) William	Pinkney	Steward	OF DEATH	March	11	1960
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 3	. DATE OF BIRTH	9.	AGE (In years last birthday)	Months Days	
Male colored		2-12-88		72yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or fareign coun	fry)	12. CITIZEN O	F WHAT COUNTRY
Laborer		Maryla	nd		US	5A
13. FATHER'S NAME		14. MOTHER'S MAIDEN A	NAME		-7174	
Unknown		Ella	Stewar	d		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give wor or dates of service)		VFORMANT		Address		
No		Emily Moor	e: Bo	wie. M	id.	
18. CAUSE OF DEATH [Enter only one cause p	er line for (o), (b), and (c). j				INTE	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acute conge	stive hear	t fail	ure		
442 X DUE TO						
Conditions, if ony, which) (b)	Cardiovascu	lar renal	diseas	е		
gove rise to immediate cause (0), stating the underlying DUE TO						
couse last. (c)						
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INALDISEASE C	ONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
3 Acute catarrhal f	ever					YES NO
PART II. OTHER SIGNIFICANT CONDITION Acute catarrhal f 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Port	I I or Port II of	item 18.)		
20c. TIME OF INJURY Month, Day, Yeor Hour o. m.		CE OF INJURY (Home, form	20f. (City or	town)	(County)	(Stote)
Hour o.m.	While Not while of work at work	ory, street, office bldg., etc.	"			
21. I certify that I taak charge of	the remains described aba	ve, held an Autaps	y D. Insc	ection XX	Inquiry X	and find the
death resulted fram: Natural cau				etermined o		A 0110 1110 1110
1 1 -0.						
SIGNATURE JOHN J. A	Jaloney-	M.D. CHIEF MEDICAL EX	CAMINER [DATE SIGNED
	1	ASSISTANT MEDICA	AL EXAMINER		30	
NAME (Tax) John T. Ma	loney. M.D.	DEPUTY MEDICAL I	EXAMINER-		March	11, 1960
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATIO	N (City, town,	or county)	(State)
Burial 3-14-60	Woodlawn Ceme	tery	Wa shi	ington,		D. C.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	D BY REGISTRAI	24b. REGIS	TRAR'S SIGNATU	RE
John T. Rhines & Compas	ny Funeral Homest	No En DATE		0	-1 0 4	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. I cate the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the randed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 apel 2 with The VS. A15ME(5) 5M 9/55

remaval 5

HERE THE PROPERTY OF THE PROPE			
HYANG TO STADING BY			
		6977	
The second of th		man and a line	
		Meroron I	
	Sego Diagra, e		
BEALT THE PARTY OF			
The transmitted of the state of			
	1 19854		
there is a second of the second	Bol Bell	Server No. of	
	Angola in Algoria na		

VS A15 (4) 15M 9/5B

V	
3	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3711

CERTIFICATE OF DEATH

Reg. Dist. No.

										and the second s
		PLACE OF DEATH	4-1-6-60		4-1-17	2. USUAL RESIDENCE	(Where deceased live	d. If institution: Res	idence befare adn	nissian)
		rrince Ge	orges		MARYLAND	MaryLand			George	
			If autside carporate limi	ts, write	c. LENGTH OF STAY IN 16		(If autside carporate			own)
		Cheveriv			odavs	39 Hyatts	ville			
7			TAL (If not in hospital, g	ive street		d. STREET ADDRES			10	RESIDENCE A FARM?
		Prince	Georges Gen	eral		5410 Gal	Latin St.		YES	□ NO 🔯
	1	NAME OF DECEASED (Type or print)	Fire		Middle	Last	4. DATE OF DEATH	Manth	Day	Year
	5. 9		Charle			weeney		GE (In years IF UN	DER 1 YEAR IF UN	1960
				WIDOW	RIED T NEVER MARRIED T	B. DATE OF BIRTH	7. 6	ast birthday) Mant		-
		Male	ON /Give bind of work		KIND OF BUSINESS OR IND	IU-7-16	tate as faseian counts		CITIZEN OF WHA	T COUNTRY?
	4	during most of war	king life, even if retired)	-	OSIKI II. BIKITI DACE (S	4.4		CITIZEN OF WITA	B.
	1-	MIAM TH	TAINER	Wi	4SHINGTON IFRN	UNNL	MARYL	LNA	0.5,1	A.
	13.	FATHER'S NAME				14. MOTHER'S MAID				
	(CHARLE :	s Sw	EE	VEY	AGN		OLMES		
	٧5.	WAS DECEASED EVE	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFORMANT	- Curer	Address	110 CA11	ATIN
I	(Nes	No. or unknown)	(If yes, give war or dates of so	5	77-10-3102 C	INFORMANT LARANELL	E, SWAR	MILY ROE	ER HGH	15, M
		18. CAUSE OF DEA	ATH [Enter anly one ca	use per li	ne far (a), (b), and (c).]					BETWEEN
		PART I. DEA	ATH WAS CAUSED BY:		1) KE	EMIA			ONSET AT	DEATH
			IMMEDIATE CAUSE (a)		. 17. 4			10	VIFT
		597	DUE TO					11		. ,
		Conditions, if	inv. which)	. 10	1+ ROMIC-	(7/hMi	=RULAR	NEDITR	ITIS 1	1 450
		gave rise ta i	immediate (D		HISOIVIO	<u> </u>	ال المار	VENTE		171
		cause (a), stating								-
		lying cause last.	(c)						
	Z	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE T	ERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(a) 19. WA	S AUTOPSY
C	CATION									FORMED?
	CERTIFI	200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature af injur	y in Part I ar Part II a	f item 18.)		
	MEDICAL	20c. TIME OF INJUI Haur of m. p. m.	RY Manth, Day, Yea	While		PLACE OF INJURY (Hame, actory, street, affice bldg.		awn)	(Caunty)	(State)
		21 continue	hat I attended the	danad	Address MAR	15 1060 1	MARV	2 10/2014	t I and an all	1
		21. I certify if	nat lattended the	deced		19.50, 10		2_, 19_9Cthat		
		alive on	1AIC 1	194	Q, and that deal	h occurred at 2:	25th, from the	causes and on	the date stat	ed above
			1		1	./.	ADDRESS (Street,	city ar tawn, state)	D 0	ATE SIGNED
		ACTUAL	1amil	90	nxhiaan.	1 4301	5 KAV	In DOD	120 3	1/2.7/1
		SIGNATURE	unuex	1	Hande	M.D.	J. OF Y	roug	Vic	1-1-6
		PHYSICIAN'S NAME (Type)	Dr.S.Sugar				MTRA	INIEE	Med	
	220	BURIAL, CREMATIC		F	22- NAME OF CONCERN	OR CREWLEADLY	224 LOCATION	City town	4.1	
	4	REMOVAL (Specify	1 0 01	1 1	22c. NAME OF CEMETERY	OR CREMATORY	PIFACE	WT TALLY	EY. XXIS	itate)
	1	SURIAL	3-31-6	00	STIMPLES !	A DIVIOL II CENT	1 /2 - / 103/	,,,, p.,,	11.00	100
	23.	FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		REC'D BY REGISTRAR	24b. REGISTRAR"	SSIGNATURE	
1		W.W. CHA	AMBERS CO.		Riverdale,	Marylandare			· ·	
				7	,	O	BEAD 7 9 'GI	1 Clattern	& House	

Barold College and the second s 142 per maria de la companya del companya de la companya del companya de la compa CRAME AND STATE OF THE PARTY ALMASO FIRE Matter 2 CHICONIC GLUVERYING PERMINER INCH MARCH TO GO MARCHE TO MARCH TO THE METERS TO THE ELECTION OF THE PROPERTY OF THE PARTY OF SAULUS A. Sagn dry a landar of the contract of th

10

Ritchie Bros Funeral

VS A15 (4) 1SM 9/S8

		7740		ATE OF DEAT	H—BALTIMORE H	, 18 Reg. Dist. No. ()37()
. PLACE OF DEATH	Soomeo 1 a		MARYLAND	a. STATE	b. COU	itutian: Residence befare admissian) NTY
b. CITY OR TOWN RURAL ond give	(If autside carporate limit	s, write c. LENGT	TH OF STAY IN 16	c. CITY OR TOWN (IF		orge ite RURAL and give nearest tawn)
Chever	TAL (If not in hospital, a		Days	Vupper Marl / d. STREET ADDRESS Main St.	(Rt.4)	e. IS RESIDENC ON A FARM YES NO.
NAME OF DECEASED	Fire		Middle	Last		Manth Day Year
(Type ar print)	Thomas		Ι.	Talbott	DEATH	narch 14 196
S. SEX	6. COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In ye last birthdo	(Py) Manths Days Haurs Mi
Male	White	WIDOWED _	DIVORCED	STRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNT
during mast af wo	rking life, even if retired)					
Blacksm:	lth	Self-	-Emplyd	Marylar		U. S. A.
				14. MOTHER'S MAIDEN		
	Henry Tal				Elizabeth W	
Yes, no, or unknown)	ER IN U. S. ARMED FORG			NFORMANT		Address
No			IVI	yrtie Jarbo	e Talbott-	Same as above.
Canditians, if gove rise ta cause (a), stating lying couse last	immediate DUE TO		moma	slom	ick_	ONSET AND DEA
S S	THER SIGNIFICANT CON	DITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condition	GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO
I OR CONTRIBUTIN	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOV	V INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II af item 18.)
20c. TIME OF INJU	IRY Manth, Doy, Yea		while fac	ACE OF INJURY (Home, for ctary, street, affice bldg., et		(County) (S
20c. TIME OF INJU Haur o. m. p. m.		While at wark at ward	while fac	ctary, street, affice bldg., et	nas 14, 14	that I lost sow the deced
20c. TIME OF INJU- Haur o. m. p. m. 21. I certify tolive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I offended the may 14 onald	white at wark	while fac	occurred of	MA / 19 M, from the couses ADDRESS (Street city or to	ond on the dote stoted obtain, state) 3/14/60
20c. TIME OF INJU Haur o. m. p. m. 21. I certify tolive on ACTUAL SIGNATURE PHYSICIAN'S	hat I oftended the mai. If Donald Dr. Donald ON. 22b. DATE THEREO	while at wark	while fac	occurred of ASS	Mas 14 , 19 M, from the couses	ond on the dote stoted obour, state) 3/14/60
20c. TIME OF INJU Haur o. m. p. m. 21. I certify to olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22c. 8URIAL, CREMATI	hat I offended the mas. If onald Dr. Donald ON. 22b. DATE THEREO 3/17/60	white at wark	while fac	A. 19 C., to 2 occurred of 35 M.D	MA / J. 19 M, from the couses ADDRESS (Street city or to	ond on the dote stated ob DATE SIGNAL 3/14/60

Upper Marlboro.Md

Home-

DATE

the second secon

21. Uset Upper visitate

A the of state Coston Laure of the

Est de la la company de la com

the first of the f

nifed intedments owned the distribution remot model a

. bydda sa mori-similat audruk wirtyk

the state of the s

A CONTRACT OF THE PARTY OF THE

The state of the s

be retained by the roneRAL DIRECTOR:

VS A15 (4)

15M 9/5B

prior 0 shoul

poge

he

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTYPrince George's g. STATE b. COUNTY MARYLAND Mary Land Prince George b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION Upper Marlboro d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 3780 RFD YES X NO Prince George General Hospital NAME OF 4. DATE Middle last Manth Year DECEASED (Type or print) DEATH Alma B Tayman 19 60 Mar. 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Female White Days WIDOWED [DIVORCED | 20. Sept 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (state or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) U. S. A. Housewife Own Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William R. Smallwood Kate Dulev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, give war or dates of service) No William H. Tayman-Same as above. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Hemarchage ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 40/00 DUE TO Cordio - Vas enlay Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying cause last. CATION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY YES NO NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) Manth. Day, Yeor 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour q. m. While Not while ot wark at work p. m. Mar 1966 that I last saw the deceased 21. I certify that I attended the deceased fram, , and that death accurred a 3.30/4-M, fram the causes and an the date stated abave. ACTUAL Dr James Sasscer, M.D. Upper Marlboro, Md. PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, ar county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Rurial Thomas Cemetery Croom 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Ritchie Bros.Funeral Home-Marlboro, Md. arthur S. Krans

DATE

R PRESSE US AND

- -A LONG THE MAN COLUMN TO

- Loom I small Trime I Live

Eagh ED, lare

avoile no sure f-ridge of the ediff.

the state of the second by the second second

. . Rempresion I must east a hadte

VS A15 (4) 15M 9/5B No.

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	1

03710

8

717 CERTIFICATE OF DEATH

3434			Reg. Dist. I	No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased li		
Prince Georges	MARYLAND	Maryland	Prince Geo	rges
 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporat	e limits, write RURAL and give	nearest town)
Cheverly	15 days	40 Bladensburg		
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Georges Gene	eral Hospital	5207 Quincy	St.	YES NO K
3. NAME OF First DECEASED (Type or print) Melvin	Middle C.	Tayman 4. DATE OF DEATH	Month March	Day Year 23 19 60
5. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED		AGE (In years IF UNDER 1 YE	EAR IF UNDER 24 HRS.
Male White WIDOW		23 July 1903	1 dast birthdoy) Months Doy	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired)	. KIND OF BUSINESS OR INDU		itry) 12. CITIZEN	OF WHAT COUNTRY?
Steam Fitter	Self	Maryland	U.S.	A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Charles O. Tay		Rosa Seaborn	4."	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT	Address	
No 2	215-10-7709 E	leanor L. Tayman	Same as # 2	
Conditions, if ony, which gove rise to immediate cause (o), storing the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT		CONDITION GIVEN IN PART 1(c)	a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Part II	of item 18.)	
Haur o. m. Whil	f-	ACE OF INJURY (Hame, farm, 20f. (City a tory, street, office bldg., etc.)	r town) (Cour	nty) (State)
21. I certify that I attended the decedrative on 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr .A. Deitz., 1	60 , and that death	accurred at 8, 31 MI from the	et city ar town, stote)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 3/26/60	22c. NAME OF CEMETERY OF Linco.	R CREMATORY 22d. LOCATIO	ON (City. town, or county) or Manor, Mai	ryland
23. FUNERAL DIRECTOR'S SIGNATURE 47	39 Bastimore	Ave. 24g. REC'D BY REGISTRA	AR 24b. REGISTRAR'S SIGNA	ATURE
T Canalla Cana	attsville, Mar			

Sir way negross control the state of the second second second second second second Los rich les 65-03- .7 0.46 100.306.206 Supernation to a control of the series of th

. aloonly .

4.5 2.3 (- 5 - 5

5 vd. 6. 1

haurs ofter death.

15M 9/58

termination of the section of the se

in the progress description like the control of the

THE PARTY OF THE P

400

William To House

The second straight and the second straight and the second straight and second second

The state of the s

The Later and Care the war work the has

and the state of the state of the

the registrar priar to burial, crematian, or removal, and in any event within 72 haurs after death

VS A15 (4) 15M 9/58

d

n 24 haurs after death. Poge 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03711

3716

CERTIFICATE OF DEATH

Reg. Dist. No.

1	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who o. STATE			ore admission)	
1	o. STATE Maryland Prince Georges Maryland Prince Georges						
	RURAL and give nearest tawn)	OTH OF STAY IN 16	V	utside corporote limits, w			
7	d. NAME OF HOSPITAL (If not in hospital, give street address)		A Beltsvi	ille		- IS DESIDENCE	
7	OR INSTITUTION			/		e. IS RESIDENCE ON A FARM?	
	Prince Georges General	Hospital	0130 1	furkirk Rd/		YES NO	
ij	3. NAME OF First DECEASED	Middle	Last	4. DATE OF		Year Year	
7	(Type or print) Toliver	Irvin		DEATH		.9 1960	
	5. SEX 6. COLOR OR RACE 7. MARRIED N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In)	eors IF UNDER 1 YEA lay) Months Days	R IF UNDER 24 HRS.	
	Male Black WIDOWED	DIVORCED	1896	64	yrs.		
i	100. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if refired)	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12.CITIZEN C	F WHAT COUNTRY?	
1	13. FATHER'S NAME	WER	14. MOTHER'S MAIDEN N	IAME .		1, 0,00	
į	William Toliver		Mitilda	Willian	115		
ı		ECURITY NO. IN	FORMANT		Address	,	
B	[Yes, no. or ugknown] [If yes, give war or dates of service]	11/1	S MARY S	rmith	BeHEUL	11c md	
H	18. CAUSE OF DEATH [Enter only one cause per line for (o),	(b), and (c).]	/		IN.	TERVAL BETWEEN	
H	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	emia				THE DEATH	
	600.0 DUE TO	0.00/1	A A	, , , , ,	1		
H	Canditions, if any, which) (b) (gelle	onephin	tes acute	+ Chhor	"		
	gove rise to immediate DUE TO		/				
H	lying couse lost. (c)						
	PART Y. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO SEE STATE OF THE SECONDARY OF THE SECON	TING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?	
-	3 Charchopeneumonia	(2)	Censellah	- remon	mayer	YES NO	
	200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED). (Enter nature of injury in F	Port I or Port II of item 1	3.)		
		CUPPED 20e PL	ACE OF INJURY (Home, farm	20f (City or town)	(County	(Stote)	
H	Hour o. m. While Not		tory, street, office bldg., etc.		(Coonly	(31016)	
H	21. I certify that I attended the deceased from	MARCHI	2, 1960, ta M	4RCH 19, 19	60 that I last sa	w the deceased	
ø	alive on MARCH 18, 19/160						
	1 16/20			ADDRESS (Street, city of		DATE SIGNED	
	SIGNATURE Sceved & Olcu	eneal,	4.0.6311 Blee	tolear. 10	we dell	3/20/6	
	PHYSICIAN'S Dr. David S. Clave	an.M B.		d	hed		
H	NAME (Type)						
	PEMOVAL (Specify) 22b. DATE THEREOF 22c. NA 3-24-60	AME OF CEMETERY OF	CREMATORY	Much	own, ar county)	(State)	
0	23. FUNERAL DIRECTOR'S SIGNATURE LOW 482:	DRESS Bearn	Chur 24a. REC'I	BY REGISTRAR 246.	REGISTRAR'S SIGNATION ON LAND & HE		
	14 14		DAIL				

The state of the s The state of the s appear in the company of the party of the pa The Street of th

HTANG TO STADENTIAD COMMITTEE TO BEAUTY
And the Rich and the second and the second and the second
A CONTRACTOR OF THE PROPERTY O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

PLACE OF DEATH O. GODNIY	CERTIFIC	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY		
b. CITY OR TOWN (If outside corporate limits, write RNRAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN () of	ulside corporate limits, write RU		790
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIL ON A I YES	DENCE FARM? NO
NAME OF DECEASED (Type or print)	OpheLia (Inderwood	4. DATE Month OF DEATH		960
SEX 6. COLOR OR RACE 7. MARR	DIVORCED [December	24/878 8 yrs.	Months Days Hours	R 24 HRS Min.
	wn home	Alexan	ndria Wa.	12. CITIZEN OF WHAT O	COUNTI
William Bage	ot	ELLZ	AME /		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	125. Rober	+ Smith A	cokeck.	N
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ARDIAC	FAILU	RE	INTERVAL BET	WEEN DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the under-	DIABETE		T FEMORAL	ART 2	mo:
-7/11/g coose 1031:					UTOPSY MED?
OR CONTRIBUTING LI CAUSE OF DEATH	ERIBE HOW INJURY OCCUR	ED. (Enter nature of injury in P	art I ar Part II of item 18.)		
Hour a, fi. While	NJURY OCCURRED 20e. I	PLACE OF INJURY (Home, form, actory, street, office bldg., etc.	20f. (City ar town)	(County)	(State
21. I certify that I attended the decease alive on MAR, 220, 190		/57, 19.57, ta//A	4. 2. 2. 19. 19. 19. 5. 5. M., from the causes an	that I last saw the d	leceas
D 0 01	in	Som of	ADDRESS (Street, city or town, st		TE SIGN
SIGNATURE CALL CALL			/		
PHYSICIAN'S PAUL C	HERM				

CERTIFICATE OF DEATH

Pinne Georges
Ascolieck, Accokeak
Ascolieck, Accokeak
Ruth, Cphalia Underweed March 2 60
F. W x Nacember 413% 31
Housework our home Alexandria Va U. S. A
Villiam Baget Ella
No None Mys. Robert Smith, Accokeak Nd

Berist 9-5-60 Christ Church Acookeek Md Hunte Fameral Home, Utalderfills

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEAR AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) funeral director. Page lained for your files. State Board of Health, e. COUNTY b. COUNTY is necessary, GEORGES PRINCE MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) retained for your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? PR.GEO. YES NO A Middle DATE Yeer o The f DECEASED OF MAR (Type or print) 24 DEATH 60. 19 pe with 6. COLOR 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. rage 5 m. 1 and 2 w. 2 hours may last birthdey) Days Hours in pencil in Item 18. Give Pages 1, 2, and 's Office along with form PM3. Page 5 mai a burial-transit permit. File Min WIDOWED [DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) UMBING APPRENTI 13. FATHER'S NAME pages I 14. MOTHER'S MAIDEN NAME SWORTH This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. MRS (Yes, no, or unknown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN _= ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pue IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which gave rise to immediate cause "pending" 60 Examiner's DUE TO (e), steting the underlying 28 o cause lest. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9): 19. WAS AUTOPSY CERTIFICATION PERFORMED? sase execute the certificate, writing the word NO TO Medical plnous 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING OF EPUTY MEDICAL EXAMINER: CAUSE OF DEATH. Chief 3 20e. PLACE OF INJURY (Home, ferm,) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2Df. (City or town) (County) (Stete) age fectory, street, office bldg., etc.) 0 While Not While Hour e.m. should be forwarded to the FUNERAL DIRECTOR: Pa et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL CREMATION! 22h. DATE THEREOF NAME OF CEMETER 22d LOCATION (City town, or count 22c. REMOVAL (Specify) 0 24a. REC'D BY REGISTRAR VS. A15ME MAR 28'60 5M 7/59 DATE

The factor of the second of the state of the second of the THE REPORT OF THE PARTY OF THE MELTINAMENT THE PROPERTY OF TH a with some the season of the and camplete carban papers.

attending physician Then please remave vent within 72 haurs

the þ

ATTENDING PHYSICIAN: The law requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5

		3	776	CERT	IFIC/	ATE OF DEATH	1		Reg. D	ist. No	.,	715
1	. PLACE OF DEATH	George's	Coun	ty MAR	YLAND	2. USUAL RESIDENCE (WHO o. STATE Maryla	ere decease	d lived. If instituti b. COUNTY		nce before	~	sion)
S	b. CITY OR TOWN (If RURAL ond give ne outh Cheve		ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (If o	utside corpo	orote limits, write Ferly Md.	RURAL ond	give nec		-
		AL (If not in hospital, g		oddress)		d. STREET ADDRESS	th P	lace	1		ON A	SIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	Emily	st	Marie	е	Vede1	4. DATE OF DEATH	Mor Ma	rch	28		Year 19 60
	emale	6. COLOR OR RACE white	7. MARE			Feb 10, 1873	5	9. AGE (In years lost birthdoy) 87 yrs.	Months	Doys Doys	IF UND Hours	ER 24 HRS Mín.
14	during mast of work	N (Give kind of work of ing life, even if retired ousewife	done 10b.	own home	OR INDU	France	or foreign c	ountry)	12.CII			COUNTRY
1:	3. FATHER'S NAME	Victor Co	mb			Marie Louis		ızaret				
	S. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of so no	ervice)	SOCIAL SECURITY NO	O. I	De Long	Sout	Add th Cheve		Md.		
1		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne far (a), (b), and (c)	ا.]	mype	aid	etis			ERVAL BI	ETWEEN DEATH
	422. Conditions, if an	DUE TO	(erte	ri	ofse	al	eros	2			
	gove rise to in cause (a), stating t lying cause lost.	mediate (1
CATION	PART II. OTH	er significant con	DITIONS O	CONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	VEN IN PA	RT 1(a) 1	PERFC	AUTOPSY DRMED?
CEDTIE	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRE	D. (Enter noture of injury in I	Part 1 or Por	rt II of item 18.)				
MEDICAL	Hour o. m.	Month, Day, Yes	20d. II While of wor	NJURY OCCURRED Not while t ot work	20e. PL	ACE OF INJURY (Home, farm story, street, office bldg., etc.	, 20f. (City	y or tawn)		(County)		(State
		at I attended the		. //		1960, to 2		the causes ar	d an th	e date		

22c. NAME OF CEMETERY OR CREMATORY Topeka

Hyattsville, Maryland.

TO FUNERAL DIRECTOR: After this certificate has been signed page 3 should be detached far use as the burial-transit permi VS A15 (4) 15M 9/58

registrar priar

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

Transportation 3/28/60 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

24g. REC'D BY REGISTRAR DATE MAR 2 9 '60

uningo 301- coust

24b. REGISTRAR'S SIGNATURE Orthur S. Kraus

(State)

22d. LOCATION (City, town, ar county)

Kansas

Think the second of the second althought, int. of Broads | Landau La Page Page the manner of the second former of the second of the Company to a self-construction of the self-con

ing in pencil in Item 18. Give Pages 1. On 3 to the pencil director. Page 4 should be Office along with form PM3. Page 5 may be relained 7.7 your files.	(
Poge	
irector. les. prior to	
nerol d your fill	•
o the re the re	
and 3 to eretoired 2 with	1
s 1, 2, moy b	
Poge 5	
8. Giv	
ith form	
pencil i	
Office o	

MARYLAND	STATE	DEPARTMENT	T OF HEALTH-	-BALTIMORE, 18	
MEDIC	AI FY	AMINED'S	EDTIFICATE	OF DEATH	

03716 Reg. Dist. No.

	wag, bio. ito.
1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE and love the state of the
b. CITY OR TOWN (It outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give represt town)
end give regress towns 8 years	71 61.00- 00
	de Mille
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 5 900 M Street	d. STREET ADDRESS G. IS RESIDENCE ON A FARM? YES NO M
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) George Elmo Wo	eldron DEATH march 7 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
Tuels White WIDOWED DIVORCED []	13, 1894 65 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	17. Oh 1) 7. 5 (
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel A Waldron	Matte ale a Plane
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address
[19s, no. or unknown] 11f yes, give wor or dotes of services 226-01-8594 Co	celebralchon, some us # 2
18. CAUSE OF DEATH [Enter only one cause per tine for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o) (1 Carlis (P	Tolus Targuer
TTAX DUE TO	
Conditions, if ony, which gove rise to immediate couse	ecider Tanal distand
(o), stating the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part I ar Port II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 120f. (City or town) (County) (State)
Hour o. m. While Not while facto	ry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above	re, held an Autopsy [], Inspection [], Inquiry [], and find that
death resolved from: Natural causes . Accident . Suic	ide , Homicide , Undetermined cause .
ACTUAL)	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE	
EXAMINER'S NAME (Type) AMPS L. BOY d	ASSISTANT MEDICAL EXAMINER D
22c. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 3/10/60 Fort Lincoln	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
The S.H. Hines Co2901 11 th St. N	DATEMAR 1 0'60 arthur S. Through

VS. A15ME(5) 5M 9/55

		463
		The later of the later of
		THE RESIDENCE OF THE
	The street of th	
n de marie de la		

I

VS A15 (4) 15M 9/58

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	
2000			

3778 CERTIFICATE OF DEATH

									Mag. Dis	1. 110.		
1. PLACE OF DEATH a. COUNTY	rince Georg	es	MARYL	13	2. USUAL RESIDENC o. STATE	D. C.		If institution.	on: Residenc	e before	admissio	on)
b. CITY OR TOWN RURAL and give r Glenn Dale	(If outside corporate limiteagest tawn) (rural)	ls, write	2 months and days	nd 1 lb	c. CITY OR TOWN	N (If outside of		its, write Rl	JRAL and g	ive neare	ost town)	3
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Glenn Dale Hospital					d. STREET ADDRE			N. V	J (2)		ON A	
						1						La
3. NAME OF DECEASED (Type or print)	Fin Wya:		Middle W		last Walker	4. DA		Mani	th	Day 15		9 60
5. SEX Male	6. COLOR OR RACE	7. MARR DUT WIDOWE	IED T NEVER MARRIED		1. DATE OF BIRTH		last	(In years birthday) 7 yrs.	Months	-	Haurs	Min.
100. USUAL OCCUPATI	ON (Give kind of work of	lane 10h		_	TRY 11 BIRTHPLACE	(State or foreig	,			EN OF V	VHATCO	DUNTRY?
Unknown	rking life, even if retired)				5 klaho		,,,		US		viiri ee	
13. FATHER'S NAME					14. MOTHER'S MAIL	DEN NAME						
Unknown					Unkn	nown						
(Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of se	ervice)	social security no.	D.IN	C. Genera	1 Hosp	ital)	edent			to
Unknown				T MS	shington,	D. U.		(cive	info	rma	tion	1
	ATH [Enter only one co	use per lin	e for (o), (b), and (c).]					. •		INTER	VAL BET	WEEN
PART I. DE.	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (6)		Cirrho	osis	of the li	ver				0.102	71110	DEMIN
581.	DUE TO											
Conditions, if												
gave rise to couse (a), stating												
lying couse last.	(c)									100		
1) PART II. OT	HER SIGNIFICANT CONI	sm;	ontributing to DEAT Contributing to DEAT Contributing to DEAT	rh BUT I	NOT RELATED TO THE arteriosc.	terminal dis lerosis	ASE COND	Ascit	EN IN PART		PERFOR	UTOPSY RMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED	. (Enter nature of inju	ry in Port I ar	Part II of it	em 18.)				
20c. TIME OF INJU Havr a. m. p. m.	RY Manth, Day, Yea	While of work	Not while		CE OF INJURY (Hame ory, street, office bldg		City or tow	n)	(C	ounty)		(Stote)
21. I certify t	nat I ottended the	deceose	ed from 3/7		, 19_60, to	3/	15	1960	that I los	t sow	the de	haznan
	2/15											
olive on	1121-1-	, 19_1	$50_{}$, and that a	eoin	occurred at 1					dote :		above.
ACTUAL SIGNATURE	mur n	lin			LD. G	Lenn Da	S (Street, cit			3	175/	60
PHYSICIAN'S	Moe Weiss,	M. I).									
NAME (Type)					<u>G.</u>	lenn Da	Te, M	q.				
22p. BURIAL, CREMATH REMOVAL (Specify		F (3	22c. NAME OF CEME	ERY OR	CREMATORY	22d. LC	Nay!	jty, tawn, o	s TN) Stote)
23. FUNERAL DIRECTOR	West U	1.7	(Mays) W	le,	Wd. DAT	RECIDITY RE	gistror		TRAR'S SIG		ß	

YS A15 (4

A Land of the State of the Land of the Lan

The Name of State of

\$ 110 THE RES

.81

SPITAL OR ATTENDING PHYSICIAN: The low requires the serior of the hospital or altending physician.

SERAL DIRECTOR: After this certificate has been signed by page 3 should 'stacked for use as the buriol-transit permit. It is a burial, cremotian, or removal, and in any experiments.

certificate be executed v

hours ofter death. Page 4 g physician and camplet..., ed in by the funeral director, remove carbon popers. Pages 1 and 2 shauld be filed with, 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3742

CERTIFICATE OF DEATH

Reg. Dist. No.

1	1. PLACE OF DEATH	wes Ge	MARYLAND	II a STATE	Vhere deceased lived. If insti b. COUN		refore admission)
1	b. CITY OR TOWN (If RURAL and give neo	outside corporate limits, write prest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	e RURAL and give	riearest town)
16	d. NAME OF HOSPITA OR INSTITUTION	at (If not in hospitol, give stre	net address)	d. STREET ADDRESS	oodland	Ct	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First	Middle	Warrer	4. DATE OF DEATH	Month	Day Year 19 60
	s. sex	1 0	ARRIED NEVER MARRIED WED DIVORCED	8. DATE OF BIRTH	9. AGE (In year lost birthdo 23)	ors IF UNDER 1 YE Months Day	
	100. USUAL OCCUPATION during most of working National	(Give kind of work done 10 life, even if setired) Security Ag	b. KIND OF BUSINESS OR INC ency U S Govt	DUSTRY 11. BIRTHPLACE (Shot	le or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
-	13. FATHER'S NAME	irail H	Warrens	14. MOTHER'S MAIDEN			
1		IN U. S. ARMED FORCES? I yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address C	64
	PART I. DEAT	H [Enter only one cause per H WAS CAUSED BY: IMMEDIATE CAUSE (a)	fine for (o). (b), and (c).]	acidos	ie		NTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any gave rise to im cause (a), stating It lying cause last.	mediate DUE TO	Dichetis	milli	tus		
		R SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERA	MINAL DISEASE CONDITION	GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO 194
	200. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY A	UNDERLYING [] 20b. D CAUSE OF DEATH SEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Part II of item 18.)		
	20c. TIME OF INJURY Hour a. j., p. m.	Whi		PLACE OF INJURY (Home, far foctory, street, office bldg., e	rm, 20f. (City or town)	(Coun	ity) (State)
/	actual SIGNATURE	of I attended the dece	1 -		ADDRESS (Street, city or too	s and on the	DATE SIGNED 3, 1960
	220. BURIAL, CREMATION REMOVAL (Specify) Burial	4/1/60	Forest Laws		22d. LOCATION (City, tow Hollywood		(State)
3	F. Gascl		ADDRESS attsville, Md.			GISTRAR'S SIGNA	TURE

		3782
	Tarring College	
	Commission Department of the Property of the P	
		with the state of the state of
		OT ANY CONTRACT OF ANY OF
1 , (2)		
		notable and business I some gifteen T. (E.)
Bliff in Bill	19.5	
	STATE OF SAME	
	lus par	the the contract of the

VS A1S (4) 15M 9/SB

a	2	
filed with	M	
5 6		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

718 CERTIFICATE OF DEATH

()	3	7	2	0

31	19	CERTIFIC	ATE OF DEAT	Н		Reg. Dist. No	0.	
n. PLACE OF DEATH o. COUNTY Prince George		MARYLAND	LASALAN/TISALA	DC	b. COUNTY			
b. CITY OR TOWN (If autside carporate limits RURAL and give nearest town)	s, write	c. LENGTH OF STAY IN 16		autside carpo	rate limits, write R	URAL and give ne	earest taw	n)
Cheverly		20 Days	Washington	2		47x	(-3	
d. NAME OF HOSPITAL (If not in haspital, given or INSTITUTION			Washington d. STREET ADDRESS 530 10th		7		ONA	SIDENCE A FARM?
Prince George Gener				St. N.				
NAME OF DECEASED (Type or print) Elizabeth		Middle	Watkins	OF DEATH	Mar Mar)ay	Year 19 60
SEFemale 6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	Months Days	-	
	WIDOWE	Sep DIVORCED	June 23 191	.3	46 yrs.	Manths Days	Hours	Min.
o. USUAL OCCUPATION (Give kind of work doducing most of working life, even if retired)	ane 10b. I	Hospital	OUSTRY 11. BIRTHPLACE (Stor	te or foreign co		12. CITIZEN C	S . A	
. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	3	13		UE 12
John H. Gud	dger		Ju	ılia L	ancaste	r		
(If yes, give wor or dates of ser		0 111111 0 11111	Bertha Justi	ice 13	23 Dext	IN.	TERVAL BI	ETWEEN
PART I. DEATH WAS CAUSED BY:	1	Pul menaly	1 odona)		01	ISET AND	DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the under-	Solo	Sahcana omiosahci	toxis	الأنام	toneal s	SAACO		
lying cause last. (c).	vee	/ /	Y			The state of the s		
PART II. OTHER SIGNIFICANT COND 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELAMED TO THE TERM	MINAL DISEASI	E CONDITION GIV	PART 1(a)	PERFO	AUTOPSY DRMED?
	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	n Part I ar Part	t II of item 1B.)			
20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m.	r 20d. IN While at wark	Nat while	PLACE OF INJURY (Hame, far factory, street, affice bldg., e	rm, 20f. (City	ar tawn)	(Caunty	1)	(State
21. I certify that I attended the	decease	ed from Tab 21	19 60 to 1	Mar. 15	1960	that I last sa	w the	lecease
actual act of C	119 Car		th accurred at 7:45	AM, fram		d an the dat	e state	
PHYSICIAN'S Dr. David	S. 8	Layman, M.D.	6311 Baltimo	ore Ave	Riverda	ale, Md.		
REMOVAL (Specify) 3-21-6		22c. NAME OF CEMETERY Orlington	national Pational	22d. LOCAT	TION (City, town,	ar county)	(Sto	te)
FUNERAL DIRECTOR'S SIGNATURE	10	ADDRESS O	24g. RE	C'D BY REGIST		STRAR'S SIGNATI	URE	

F. E. C. D. WASH. Latter teneral manual mental light and later of the later 71 . mai 17 74 1 cart. 15 Columbu William Bap T Table 25 1213 - 1213 The state of the s to a Charle of Charles and a finite of the above the shorter ic. Intell to playman, It is .bit .electricitie.eva evad... Lif-A SECTION AND A SECTION OF THE PARTY OF THE The same of the second of the

2710

CERTIFICATE OF DEATH

03721

Y			4						
1. PLACE OF DEATH o. COUNTY				a STATE		here deceased	ived. If institution	n: Residence b	pefore admission)
Prince	e Georges	Coun	ty MARYLAN	4D	Mary	rland	D. COOIVII	Prince	Georges
b. CITY OR TOWN (If a RURAL and give nea	outside corporate lim	its, write	c. LENGTH OF STAY IN	1b c. CITY of	OR TOWN (IF	autside corpora	te limits, write RL		
Cheverl			ll days	01		Height	3		
d. NAME OF HOSPITA OR INSTITUTION	[(If not in hospital,	give street	oddress)	d. STREE	T ADDRESS				e. IS RESIDENO
Prin	ce Georges	Gen	eral Hospita		5404	Hamilt	on Street	t	YES NO
3. NAME OF DECEASED (Type or print)	Fi	rst	Middle		Last	4. DATE OF DEATH	Mont		Day Yeor
	6. COLOR OR RACE		ournell viewen transien f		ster		. AGE (In years		0 19 6
Female	White	WIDOW	RIED NEVER MARRIED [2/2/			last birthdoy)	Months Do	
10a. USUAL OCCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS OR IN	NDUSTRY 11. BIRT	HPLACE (Stote	e or foreign cou	ntry)	12. CITIZEN	OF WHAT COUN
Housewif	e lite, even if retired)	Own Home	W	ashing	ton D.	C.	U. S	5. A.
13. FATHER'S NAME		-		14. MOTH	R'S MAIDEN	NAME			
V	Vallace B	assf	ord			Unk.			
WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFORMANT			Addr	ess	
(If	yes, give war or dates of	ervice)	None	Al	fred J	. Webs	ter Sa	me as	#2
18. CAUSE OF DEAT	H [Enter only one co	ouse per li	ne for (o), (b), ond (c).]					ļ	INTERVAL BETWEE
PART I. DEATH	WAS CAUSED BY:	,	1. UREM	IA					15 LAYS
	DUE TO						Br. In		19
600.0			. PYELONE	PLANT	-, -	CHROI	21.		SVEARS
Conditions, if ony	mediate	-		7	131	CHICOI		-	3701,100
couse (a), stoting th	DITE TO	>						1300	
lying couse lost.) (c	:}(:							
PART II. OTHE	R SIGNIFICANT CON		CONTRIBUTING TO DEATH	BUT NOT RELATED			ONDITION GIVE	,	PERFORMED YES 4 NO
200. ACCIDENT WAS OR CONTRIBUTING E	UNDERLYING []	1	CRIBE HOW INJURY OCCU						TES E_ NO
	EDICAL EXAMINER)								
No 20c. TIME OF INJURY	Month, Doy, Ye	or 20d. I	NJURY OCCURRED 20e	PLACE OF INJU	RY (Home, for	m, 20f. (City o	r town)	(Cour	nty) (Si
Hour o.m.		While		foctory, street, o	ffice bldg., et	c.)			
			rk ot work			= /2.0			
21. I certify tha	t I attended the	deceas	sed fram June	, 19	4, ta	3/20	19.60	hat I last :	saw the decea
alive an	3/20	, 19_	60, and that de	ath accurred	at_ 7:40	PM, from th	ne causes and	an the d	ate stated abo
		7	- 0 4	44			et, city or town,		DATE SIG
ACTUAL	ummer !	y m	of Carre	M D	3:	5031	Enny	51	3/20/0
	ORMAN	2	onat Con	nea 4	/	MTRA	INIER	ml	
220. BURIAL, CREMATION	22b. DATE THEREO	OF.	22c. NAME OF CEMETER	V OR CREMATOR	,	22d LOCATIO	ON (City, town, o	county)	(Stote)
BENTY (Pecify)	3/23/60		Ft. Linc				mar Mai		Md.
23. FUNERAL DIRECTOR'S F. Gasch's			Bantimore			D BY REGISTRA	AK 24b. REGIS	TRAR'S SIGNA	ATUKE
r. Gasch's	DOILS	LITT	ttarrillo Ma		DATE	2 2 2 '60	pr -1	0 4	7.16 3

be retained by the hospital or attending physician.

TO FONERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, TO FONERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w the registrar priar ta burial, cremotian, or remaval, ond in any event within 72 hours ofter death. VS A1S (4) 1SM 9/SB

n 24 hours after deoth. Page 4

			E MILES
	A plant entities	arch all	THE THE PLANT
		And tracely Lictural Contract	something and
00 1	Templer Turn	arrid K	
	The Section		
J. F. U	A di necessaria di	Seaton and	Birecia i
	talay a second		
IR Strage	s resident leafun	Help-M	
	s resident (Lbestud		
		The Street of Street	
-00- 1 20		nion in the c	
		BY THEOTHER STORY	

hours after death. Page

the death certificate be

. It there contains for the call the man alastes share to

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3743 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) OCCOUNTY. **b GOUNTY** MARYLAND narvlana death. the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Riverdale d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF First Middle 4. DATE Month Day DECEASED OF DEATH (Type or print) Warch 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Months Days WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACÉ (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NdlaNa MIN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME. physici IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 attending VPS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN a ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PARL II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) Hour o. n. foctory, street, office bldg., etc.) Not while at work at work hererely 1960, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 1 1 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 3 220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

4739 Bartismore Avenue

Hyattsville, Maryland

Arlington National

3/21/60

23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

e. IS RESIDENCE

ON A FARM? YES NO IN

Year

PERFORMED? YES NO RT

(State)

DATE SIGNED

(State)

22d. LOCATION (City, town, or county)

24g. REC'D BY REGISTRAR

DATE MAR 21 60

Arlington, Va.

24b. REGISTRAR'S SIGNATURE

Limitur & Though

196

ACMI HE MAN AND AND AND AND AND AND AND AND AND A	HTASG TO BYA				
		married .			
				J 2 1	
				a Mi	
The Francisco man		in and	i dib.	,	
					10
		V.E. € D			
			Salah Maraha Maraha		
			Control		All Towns
	PROPERTY OF THE REAL PROPERTY.				
All related to the					
				COM YOU	
	No. 2011. Visit bellione			THE S	20 M /E
				2 1 7	3
	Silve Silve	102			

VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3744 CERTIFICATE OF DEATH

Reg. Dist. No. ()3723

0.0	COUNTY Prince Ge	eorge			MARY	LAND	o. STATE	residence (w	here decease		YJNUC	Residence Ce Ge			in)
b. (outside corporate limi	ts, write	c. LENG	TH OF STAY	IN 1b		OR TOWN (If	outside corpo	rate limits,	write RUI	RAL ond gi	ive riegres	t town)	-
	Riverdale]	2 hour	S	64 Uni	versit	y Park	. Hva	ttsv	ille			
d. 1	NAME OF HOSPITA	AL (If not in hospital, g	ive street o	oddress)				T ADDRESS		- u			e, I	S RESID	DENCE
		land Memor	ial F	lospi	tal		11	00 Tuc	kerman	St.				ON A F	
3. NA	ME OF	Fir	st		Middle			Lost	4. DATE		Month		Day	Ye	egr
	DE OF print)	EI	IZABE	ETH	SUS	SAN	WHEA	TLEY	OF DEATH		Marc	h	3	19	
5. SEX		6. COLOR OR RACE			EVER MARRIE	ED 😿	B. DATE OF B			9. AGE (In	years I	F UNDER 1	YEAR IF		
1	female	cauc.	WIDOWE		DIVORCE		8/20	1/59	14	lost birt	yrs.	Months	Days H	lours	Min.
10a. U	SUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF	BUSINESS O	RINDU			ar foreign c	auntry)	ALCO	12. CITI	ZEN OF V	VHAT C	OUNTRY
00	none	ing life, even if retired						Rive	rdale.	Ma.		II.	S.A.		
13. FA1	THER'S NAME	WINE NO		3/54			14. MOTHE	R'S MAIDEN		31200			D 822 8		
1	Albert Pa	ul Wheatle	v				Fr	rances	Emma .I	ackso	n				
15. W/	AS DECEASED EVER	IN U. S. ARMED FOR	CE\$? 16.	SOCIAL S	ECURITY NO	. 17. 1	NFORMANT	- G1100D	Daniel C	acreso	Addres	15			
(Yes, no	o, or unknown)	If yes, give war or dates of s	ervice)	n	un c	2	Hospi t	al Rec	ords.						
18	CAUSE OF DEA	TH [Enter only one co	use per lin	e for (o)	(b) and (c)	1	1100001	Jan 1160	oras.				INTERV	AL RETY	WEENI
		TH WAS CAUSED BY:	/	1	11/19	(10)	The	ENI	10/1/				ONSET	AND D	DEATH
	EH	IMMEDIATE CAUSE (o		112	erry 14	16-1	0000	07610	una	-0/			10	La	4.
	Conditions if an													1	
	Conditions, if an gove rise to in	nmediate									-				
	ouse (o), stating t														
1		ER SIGNIFICANT CON		ONTRIBL	TING TO DEA	ATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITIO	NI GIVEN	I INI PADT	1(0) 10)	NAS AL	ITOPSY
ATIC							THO THE DATE OF	TO THE TERM	WAL DISEAS	L COMDING	JIT OIVE	4 II4 CAKE	F	PERFOR	MED?
CERTIFICATION	a. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HO	W INJURY OF	CCURRE	D. (Enter notus	re of injury in	Part I or Part	t II of item	18.1		11	is []	NO E
	R CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)									.,				
₹ 20c		Month, Day, Ye	ar 20d IN	JURY O	CURRED	20e. Pl	ACE OF INJUR	RY (Hame, farm	n 20f (Cib	ar town)		10.	tA		(61-1-1
WEDICAL 200	Hour a. ji.	19	While	Not	while			ffice bldg., etc		or lown)		(Co	ounty)		(State)
	p. m.		ot work		vork 🔲	- 0	-2 /		2		.,.				
	111	at I attended the	decease	ed from	1. 4.4.4	42	19,0	/_, ta	11073	1	960,	that I lo	ast saw	the d	ecease
al	live on	123		0	and that	death	accurred	at 1/2	M, fran				e date	stated	i abave
1	CTUAL	011/7	11/1	1.			1	3 ,,,	ADDRESS (SI	reet, city or	lown, st	ote)	/	DAT	E SIGNE
Sid	GNATURE	111/1	1-26	11	1		M.D	100	un	e c	11	1261			
PH	HYSICIAN'S	11/11-),	1	MI	>									
	AME (Type)	10114	- / /	1/	101.1										
220. BI	URIAL, CREMATION	V, 226. DATE THEREC	F 1 2 / 2	22c. N/	ME OF CEME	TERY O	R CREMATORY		22d/tOCAT	TION (City.	lown, or	county)	1	(State)	
350	wual	13-5-	1960	19	dene	10ly	Com	etery	1996	uden	str	org	, Ina	2	-,
23. FUI	NERAL DIRECTOR'S	SIGNATURE	0	ADI	DRESS	1	D. O.	1 240 FEC.	D BY REGIST			RAR'S SIGI			
M	J. W. C.	easurer.	1 60	- 1	wer	de	KC MA	DATE	MAR 7	'60	ar	Muy S.	Trace	4	
2	20764	26116			1 40										

	CERTIFICATE		
The Court is 1911 to the second of the State of			
	a la montralia		
CONTRACTOR DESCRIPTION OF THE PARTY OF THE P			er destala.
			No.
			Toplani de de ma
ala Siru yan iring Leop Xiro St., at Sigir	months and the	encide all balants in	Title course the
tie beland af per of the time against a few mid-16. The fact tie best time to the time the time to the	Harry Steels failt lines		614774
	THE WITH		1000000
Bright Hall to the second to the second	ATTROOP ATTROOP	300,000	The fourth Address

FOR STATE HEALTH DEPT. EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after difficate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, or to burial, cremation, or removel, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH sion of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 724 3721 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Prince Georges MARYLAND	Maryland Prince Georges
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Cheverly D.O.A.	7921 Marlboro Pike, Forestville, Ma.
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
Prince Georges General Hospital	7921 Marlboro Pike ON A FARM? YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
(Type or print) GEORGE Many	WHITACRE DEATH March 31, 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White widowed DIVORCED C	Jan. 20. 1897 63 vrs.
10e. USUAL OCCUPATION (Give kind of work dope during many of working life even if refired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Toholam Officer U.S. Jovenn	A deffersey Co. W. Val U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George L. Whitzere	Anna. M. Emony
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address 79 21 - Mailbeire
None	adeline K. Whitache Fonestville: Hd.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: JAMEDIATE CAUSE (6)	a gostuse hear tall ONSET AND DEATH
442 X DUETO 2.	
Conditions, if eny, which \ (b) Cardioras	en lastra de desario
geve rise to immediate cause	and plant one of
(e), steling the underlying DUE TO	
cause lest, (c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY
E CONTROL CONDITIONS CONTROL C	PERFORMED?
5	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING	nter neture of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour s.m. While Not While	ory, street, office bldg., etc.)
	Id an Autopsy , Inspection , Inquiry , and in my opinion
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes . Accident . Suici	
	CHIEF MEDICAL EXAMINER
SIGNATURE SOME	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S JAMES I. BOYD, M.D.	DEPUTY MEDICAL EXAMINER APPIL 1, 1960. Address (Street, city, lywn, or county)
229 BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR	
Bremoval (Spedfy) ak 4 1960 Cerlan	Hill Suitsand Ald
23. AFUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR Z4b. REGISTRAR'S SIGNATURE
Lee Euneral Home 300-4 Chas	DE DARR 5 '60 archur S. Kraus
	NI II

A STORY COLUMN CONTROL OF THE RESTRICT OF THE PROPERTY OF THE The state of the s Marie V and Car Off Earlie

lease exe-	shauld be		cremation,
necessary, p	ar. Page 4	,	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages Yand 2 with the registrar prior for mind, cremation,
ny delay is	neral direct	your files.	gistrar prig
eath. If ar	3 to the	taine	with the re
urs after d	1, 2, and	may be re	es Jand 2
vithin 24 ha	Give Page:	13. Page 5	t. File pog
executed w	1 Item 18.	th form PN	ansit permi
should be	in pencil i	w gnolo s	a burial-tr
certificate	pending	iner's Offic	be used as
AINER: This	the word	dical Exam	e 3 should
CAL EXAN	ate, writing	e Chief Me	CTOR: Pag
UTY MEDI	he certifica	arded to th	SERAL DIRE
TO DEP	e	MO	TO FUN

Vs. A15ME(5) 5M 9/55

1. PLACE	OF DEATH	Prince Go	2200	MARY	4110	2. USUAL RESIDENCE	Where dece	b. COUN	TV -		
b. CITY	OR TOWN HE	Prince Geo		c. LENGTH OF STAY		c. CITY OR TOWN (9		FI	o Geo	
and	give nearest town)	attsville		D.O.A.		X Lau		porote mine, with	g nonne gild	give incor	out town,
d. NAA			If not in hos	pital, give street address)	d. STREET ADDRESS				0.	IS RESIDENCE
	4739 Ba	altimore Av	renue			5	13 8th	Street		Y	ON A FARM?
. NAME		Fin	if	Middle		Lost	4. DATE OF	Moni	lh	Day	Year
	or print)	Kare		Teresa		hite	DEATH	2.5.011			19 60
SEX		when the same of the same		D NEVER MARRIED	77			9. AGE (In years lost birthday)	Months		UNDER 24 HRS
	nale	colored	WIDOWED			Oct. 7, 1		yrs.			
during	most of working	life, even if retired)	done IUD. K	IND OF BUSINESS OR I	NDUSTR	11. BIRTHPLACE (Stot		country)	12. CITI		VHAT COUNTR
3. FATHE	ER'S NAME					Maryl. 14. MOTHER'S MAIDEN				U.S.	.A.
		Ozie Shor	rter				elvn	White			
15. WAS	DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16. 9	SOCIAL SECURITY NO.	17. IN	FORMANT	Jaj	Address	8		
(Yes, no, or	VO I	(If yes, give war or dates of	service)		Eve	elyn White;	same	address	as #2		
	PART 1. DEATE	H [Enter only one cou			nne	ımonis				INTERVAL ONSET AN	BETWEEN ND DEATH
Cana gave (a), s	ditions, if on rise to immed stating the u e lost.	H WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO y, which intercouse nderlying (c)		Bronche		oumonia	MINAL DISEA:	se condition gi	VEN IN PART	ONSET AI	WAS AUTOPSY PERFORMED?
Concestory (a), 12 Course (b), 12 Course (c), 12 Course (c), 12 Course (c), 13 Course (c), 14 Course (c), 15 Co	PART II. DEATH ditions, if on rise to immed stoling the u e lost. PART II. OTHI EXTERNAL CAU ARY Gr CON E OF DEATH. TIME OF INJUR	H WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO y, which inde couse Inderlying ER SIGNIFICANT CONI SE WAS TRIBUTING 20 Y Month, Day, Year	DITIONS CO	Bronche MIRIBUTING TO DEATH HOW INJURY OCCURRED 20	BUT NO		ort I or Part I		VEN IN PART	ONSET AN	WAS AUTOPSY PERFORMED?
Concession of the Constitution of the Constitu	PART II. DEATH ditions, if on rise to immed stoling the u e lost. PART II. OTHI EXTERNAL CAU- ARY Or CON IIIME OF INJUR Hour o. m. p. m.	H WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO y, which inde couse Inderlying ER SIGNIFICANT CONI SE WAS TRIBUTING 20 Y Month, Day, Year 19	b. DESCRIBE r 20d. If White of wor	Bronche NTRIBUTING TO DEATH HOW INJURY OCCURED NJURY OCCURED Not while of work	BUT NO	OT RELATED TO THE TERM Her nature of injury in Po E OF INJURY (Home, far ry, street, office bldg., el	m, 20f. (Cit	t of item 18.) ty or town)	(Cov	ONSET AN	WAS AUTOPSY PERFORMED? (Stote)
Conce gove (co), s cous PRIMA PRIMA CAUS CAUS 20c. T	PART II. DEATH ditions, if on rise to immed stoling the u e lost. PART II. OTHI EXTERNAL CAUMARY or CON E OF DEATH. TIME OF INJUR Hour o. m. p. m. I certify the	H WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO y, which (b) inde couse Inderlying DUE TO (c) ER SIGNIFICANT CONI SE WAS TRIBUTING 20 Y Month, Day, Yea 19 at I took charge	b. DESCRIBE 20d. It While at wor	Bronche NTRIBUTING TO DEATH HOW INJURY OCCURED NJURY OCCURED Not while of work	BUT NO	OT RELATED TO THE TERA Her nature of injury in Pa E OF INJURY (Home, for	m, 20f. (Cit	t of item 18.)	(Cov	ONSET AN	WAS AUTOPSY PERFORMED? NO (Stote)
Conce gove (co), a coust (co). To log (co) a coust (co) a	PART II. DEATH ditions, if on rise to immed stoling the u e lost. PART II. OTHI EXTERNAL CAU ARY or CON E OF DEATH. TIME OF INJUR Hour o. m. D. m. I certify the	H WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO y, which (b) inde couse Inderlying DUE TO (c) ER SIGNIFICANT CONI SE WAS TRIBUTING 20 Y Month, Day, Yea 19 at I took charge	b. DESCRIBE 20d. It While at wor	Bronche NTRIBUTING TO DEATH HOW INJURY OCCUR NJURY OCCURRED Not while at work emains described	BUT NO	OT RELATED TO THE TERM tler nature of injury in Pa E OF INJURY (Home, far ry, street, office bldg., etc.	m, 20f. (Cit sy K, U	t of item 18.) by or fown) Inspection X Indetermined	(Cov	ONSET AN ONSET AND O	WAS AUTOPSY PERFORMED? NO (Stote)
Conce gove (co.) 200. I Cours PRIME	PART I. DEATI ditions, if on rise to immed staling the u e lost. PART II. OTHI EXTERNAL CAUMARY or CON SE OF DEATH. TIME OF INJUR Hour o. m. p. m. I certify the thresulted JAL LATURE MINER'S LE (Type)	H WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO y, which (b) inde couse Inderlying DUE TO (c) ER SIGNIFICANT CONI SE WAS TRIBUTING 20 Y Month, Day, Yea 19 at I took charge	b. DESCRIBE 20d. It While of wor of the recauses X	Bronche NTRIBUTING TO DEATH HOW INJURY OCCURRED NURY OCCURRED Not white emains described Accident [],	BUT No. RED. (En e. PLACE foctor abov Suic	OT RELATED TO THE TERM THE NOTICE OF INJURY (Home, for ry, street, office bldg., ele Te, he)d an Autop Tide , Homicid M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	m, 20f. (Cit sy K, U e , U examiner Cal examiner	t of item 18.) ty or town) Inspection X Indetermined of	, Inquir cause	ONSET AN T 1(a) 19. Y YES nnfy) D.	WAS AUTOPSY PERFORMED? (Stote)

MARYLAND STATE CEPARTMENT OF REALTH-BALTIMORE 18 2064 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

\$ tor	ALL PROPERTY OF			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	THE STATE OF THE			ntarna	
					AND TO AND A
			(F)		
) .		Bearing the Sec	efnsa
	3 0020 miles			To some of	
	nach Lis kentra and fug				
		a lames			MANUTAL TALL
				The second secon	
() () () () () ()					

VS A15 (4) 15M 9/58

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
2700	CERTIFICATE	OF DEATH	

03726

	0.	0.0	CERTII	ICAI	LOIDE	7111				Reg. D	ist. No.		2
1. PLACE OF DEATH o. COUNTY Pr	ince Geor	ge	MARYL		USUAL RESIDEN a. STATE	ICE (Whe	re deceased	d lived. If in b. COI		ı: Reside	nce befo	re odmiss	ion)
b. CITY OR TOWN RURAL ond give i	(If outside corporate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOV	NN (If ou	tside corpo	rote limits, w	rite RU	RAL and	give nec	arest town	n)
Suitlan	d		11 Month	s	Wa	ashi	ngto	n, D.	C.		4	MIX	-3
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospitol, g	ive street	oddress)		d. STREET ADD	RESS						e. IS RES	FARM?
	Suitland	Nus	sing Home		312 N	Str	eet	S.W.			-		NO
3. NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF		Month	1	Da	зу	Yeor t
(Type or print)	Mary		В		White		DEATH	Mar	ch		23r	d	19 60
5. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIE	B. D	ATE OF BIRTH			9. AGE (In)					
Female	White	WIDOWI	DIVORCED	- A1	oril 2-	-188	7	72	yrs.	Months	Days	Hours	Min.
Oa. USUAL OCCUPATI	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	E (State o	r foreign c	ountry)		12. CI	rizen of	F WHAT	COUNTRY
None	rang me, even in terried				Wash.	D.	C.			J	J.S.	A.	
13. FATHER'S NAME				1	4. MOTHER'S MA	AIDEN NA	AME					-1	
Patric	k White				Mary H	E. H	ealy					• 노네:	
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT			2012	Addre	ss Ft	. D	avi	s St
) st. no. or binnown	(if yes, give wor or object or s	ST VICES		Fran	nces F.	. Wh	ite	Was	h,	D.C		5	Æ.
	immediate ()	0	nona	ey the	Reart	- de	sesse				5 m	0 -
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	COLOR (COLOR (COLOR (AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	DITIONS C		nd a	sproved	320	>)			N IN PA	RT 1(o) 1	PERFC	AUTOPSY ORMED?
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while ot work of otwork of the otwo								or town)			(County)		(Stote
21. I certify to olive on	John	19_	Segan Segan M.D.		2210	2:35F) A O Ni	ohol		s ond town, st	an th	e dote	stated DA1	d obove
220. BURIAL, CREMATION REMOVAL (Specify Burial	3-26-19		22c. NAME OF CEMET	TERY OR CI	EMATORY		22d. LOCA1	rion (city, to Wash,				(Stot	e)
23. FUNDRAL DIRECTOR	R'S SIGNATURE	- n 1	ADDRESS 13	1-1	707		BY REGIST				IGNATUI		

F 200 to.

THE REPORT AND ATTACHED TO THE ATTACHED THE ATTACHED TO THE AT

An Herbert Ber

. . . .

5 Ns .

24 haurs after death. Poge 4 illed in by the funeral director, as I and 2 shauld be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery page 3 should be detached far use as the buriol-transit permit. Then please remave carbon pagers. Page 3 should be detached far use as the buriol-transit permit. Then please remave carbon pagers. Page 3 should be detached far use as the buriol-transit permit. page 3 should be detoched far use as the buriol-transit permit. Then please remave carbon papers. the registrar priar to burial, cremation, or remaval, and in any event within 72 haurs after death. SPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3722

CERTIFICATE OF DEATH

Reg. Dist. No. 03727

1		LACE OF DEATH					USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY						
		Prince Georges MARYLAND					Maryland Prince Georges						
	t				c. LENGTH OF STAY II	V 16	c. CITY OR TOWN (I	f autside carpo	arate limits, wri	e RURAL and	give neares	t town)	
		Cher	erly		l Hrs	λ	X Mitchellsville						
7		d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION					d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
1		Prince Georges General Hospital					Rt. 2 Box 13						
		NAME OF DECEASED Type or print)	Fit		Middle	0.7	Last	4. DATE OF DEATH		Manth	Day	Year	
			Mat			UISE	White	DEATH	Pi	arch		19 60	
	S. S	EX	6. COLOR OR RACE		RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In ye lost birthda	y) Months		UNDER 24 HRS.	
		Female	White	WIDOW			31 July 18	36		yrs.			
	10a.	10a. USUAL OCCUPATION (Give kind of work done during most of working fife, even if retired) Retired Howevery Retired Country: Retired Howevery Name of Working fife, even if retired to the second of the second o											
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME									= 10 71	0.000	
		unkning adams. unkningen											
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Walker Address the Clouble, Mg,											
		18. CAUSE OF DEAT	H [Enter anly ane co	use per li	ne for (o), (b), and (c).]		9					AL BETWEEN	
											AND DEATH		
		IMMEDIATE CAUSE (a) Piggestonsing Costlia Obsculor Viscone 10 years											
		443 X DUE TO CONTRACT OF THE C											
		Canditions, if ony, which gove rise to immediate (b) Grandlege of Certain sellenses 10+ years											
		cause (a), stating the under. DUE TO											
	7	lying couse last. (c)											
1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?											
	CERTIFI												
	MEDICAL	20c. TIME OF INJURY Hour o. m.		ar 20d. I While			OF INJURY (Home, fo street, office bldg., o		y or town)		(County)	(Stote)	
	ME	p. m,	19	ot wo	rk ot wark	2413		1		S.A.I	H		
		21. I certify that I attended the deceased fram 12-31, 1954, to 3-1, 1960, that I last saw the deceased											
		alive on 2 - 29 , 1960, and that death accurred a 10 AMp from the causes and an the date stated above.											
		ADDRESS (Street, city or town, stote) DATE SIGNED											
		SIGNATURE Walch B. Moyers M.D. 3503 Perry St.											
		SIGNATURE P			9-03	M.D.		AMELI-1	×				
		PHYSICIAN'S DI	· Waldo	Moyer	'S		Mt	. Rain	ier , M	d.			
	220	BURIAL, CREMATION	22b. DATE THEREC	OF COL	22c. NAME OF CEMET	TERY OR CR	EMATORY	nd LOCA	TION (City Toy	or coupty)	7	(Stote)	
	22	CINEDAL DIRECTORIS	OCNIATURE.	-00	Junus	1,1	weopal	Uff.	TOAR ON S	EGISTRAR'S S	IGNIATURE	11/00	
	23.	FUNERAL DIRECTOR'S	ramely	nsi	m. Trivera	lale	Hnd	C'D BY REGIS		Cirhun			
	1	1100.00		-		-	1119 DATE	MAR 3	'60	Circinut .	a. Mall	10 No.	

alltystilesses sensite COLUMN TO THE COLUMN THE PARTY OF THE PARTY The state of the s Marie Commence of the State of I will be said a think made to stony the think in and the second s The state of the s THE RESERVE OF THE THE PARTY AND THE PARTY OF British Bar - F-10 The think to the comment of the state of POLO CONTRACTOR SECTION OF THE PROPERTY OF THE

- 1951 - Talk bitterstiff mail in Called Lamber V. The same of the sa

ADDRESS

240. REC'O BY REGISTRAR

REGISTRAR'S SIGNATURE

death.

VS A15 (4) 15M 9/58 23. FUNERAL DIRECTOR'S SIGNATURE

תוב יום לי על פרעים THE WORK SAID WITH Li Crassi Languari agentes, pontru A STATE OF THE STA The second which were the second with the second the second that the second t Supplied the state of the state of the state of The Country of the second of the second of the second . darkemozenso all great and But the state of t de sell Been de suit Been Belle se l'Englishe MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director, iled with

the funeral should be fi

by 12

Ľ.

filled

camplei

and pau

UD aff

physici move

attending

edse within

a

permit. any

and

remaval

gned

physician. burial-tronsit been

attending

hospital

be retained by the UNERAL DIRECTOR:

VS A15 (4)

15M 9/58

certificate the 6

this

Use

detoched for to table to burial, crer After

pe

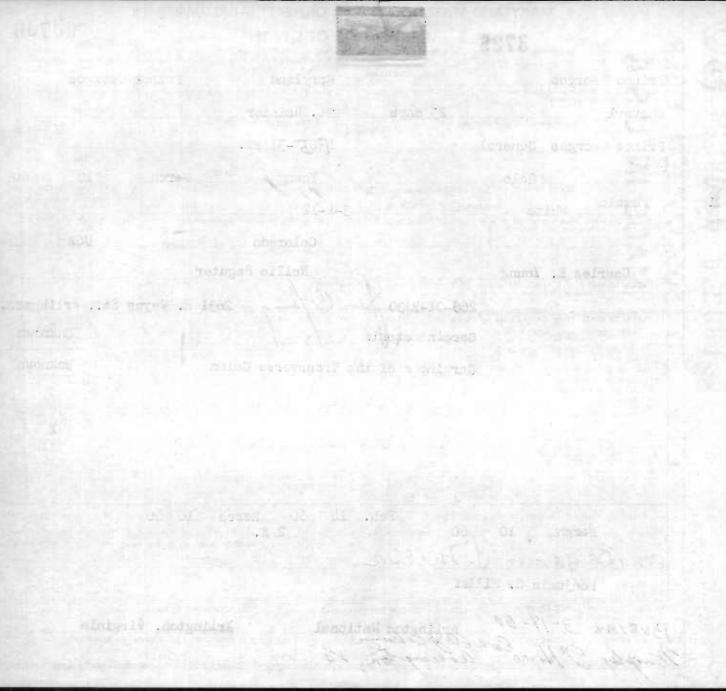
should pr

3

papers

death

filed



mysting 3

Meidington, Virginia